



Child Care and Development Fund (CCDF) Plan

for

State/Territory **Illinois**

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

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

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

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## Table of Contents

Table of Contents.....	2
Introduction and How to Approach Plan Development .....	4
1 Define CCDF Leadership and Coordination with Relevant Systems.....	7
1.1 CCDF Leadership .....	7
1.2 CCDF Policy Decision Authority .....	9
1.3 Consultation in the Development of the CCDF Plan.....	12
1.4 Coordination with Partners to Expand Accessibility and Continuity of Care .....	16
1.5 Optional Use of Combined Funds.....	19
1.6 Public-Private Partnerships .....	20
1.7 Coordination with Local or Regional Child Care Resource and Referral Systems .....	21
1.8 Disaster Preparedness and Response Plan.....	23
2 Promote Family Engagement through Outreach and Consumer Education.....	24
2.1 Information about Child Care Financial Assistance Program Availability and Application Process.....	25
2.2 Consumer and Provider Education Information.....	26
2.3 Website for Consumer Education.....	35
3 Provide Stable Child Care Financial Assistance to Families.....	37
3.1 Eligible Children and Families .....	38
3.2 Increasing Access for Vulnerable Children and Families .....	46
3.3 Protection for Working Parents.....	49
3.4 Family Contribution to Payment .....	53
4 Ensure Equal Access to High Quality Child Care for Low-Income Children .....	55
4.1 Parental Choice In Relation to Certificates, Grants or Contracts .....	56
4.2 Assessing Market Rates and Child Care Costs .....	59
4.3 Setting Payment Rates.....	61
4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access .....	64
4.5 Payment Practices and Timeliness of Payments .....	65
4.6 Supply Building Strategies to Meet the Needs of Certain Populations.....	68
5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings	70
5.1 Licensing Requirements and Standards .....	71
5.2 Monitoring and Enforcement Policies and Practices.....	86
5.3 Criminal Background Checks .....	94
6 Recruit and Retain a Qualified and Effective Child Care Workforce .....	100
6.1 Training and Professional Development Requirements.....	101
6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds .....	107
6.3 Early Learning and Developmental Guidelines.....	111
7 Support Continuous Quality Improvement.....	114

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7.1	Activities to Improve the Quality of Child Care Services .....	115
7.2	Quality Rating and Improvement System.....	118
7.3	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers .....	120
7.4	Child Care Resource & Referral .....	121
7.5	Facilitating Compliance with State Standards .....	122
7.6	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services.....	122
7.7	Accreditation Support .....	122
7.8	Program Standards .....	123
7.9	Other Quality Improvement Activities .....	123
8	Ensure Grantee Program Integrity and Accountability .....	123
8.1	Program Integrity.....	124

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## Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) ([https://www.acf.hhs.gov/sites/default/files/occ/child\\_care\\_and\\_development\\_block\\_grant\\_mark\\_up.pdf](https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf)). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

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The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines.** In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

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- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
  - Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Timeline for implementation including projected start date and end date for each step
  - Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

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In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

## **1 Define CCDF Leadership and Coordination with Relevant Systems**

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

### **1.1 CCDF Leadership**

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

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency **Illinois Department of Human Services**

Address of Lead Agency **100 South Grand East, Third Floor; Springfield, IL 62762**

Name and Title of the Lead Agency Official **James T. Dimas, Secretary-Designate**

Phone Number **217-557-1602**

E-Mail Address **James.Dimas@illinois.gov**

Web Address for Lead Agency (if any) **www.dhs.state.il.us**

### 1.1.2 Who is the CCDF administrator?

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

#### a) Contact Information for CCDF Administrator:

Name of CCDF Administrator **Barbara Payne**

Title of CCDF Administrator **Acting Associate Director, Office of Early Childhood**

Address of CCDF Administrator **100 South Grand East, Second Floor; Springfield, IL 62762**

Phone Number **217-785-2559**

E-Mail Address **Barb.Payne@illinois.gov**

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

Name of CCDF Co-Administrator **Michael Garner-Jones**

Title of CCDF Co-Administrator **Training Supervisor**

Phone Number **312-793-3610**

E-Mail Address **Michael.Garner-Jones@illinois.gov**

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

#### c) Primary Contact Information for the CCDF Program:

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Phone Number for CCDF program information (for the public) (if any) **877-202-4453**

Web Address for CCDF program (for the public) (if any)

[www.dhs.state.il.us/page.aspx?item=29720](http://www.dhs.state.il.us/page.aspx?item=29720)

Web Address for CCDF program policy manual (if any)

[www.dhs.state.il.us/page.aspx?item=9877](http://www.dhs.state.il.us/page.aspx?item=9877)

Web Address for CCDF program administrative rules (if any)

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

Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
  - Agency/Department/Entity **Lead Agency: IL Dept. of Human Services**
  - Name of Lead Contact **[Barbara Payne](#)**
- Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity **Lead Agency: IL Dept. of Human Services**
  - Name of Lead Contact **[Barbara Payne](#)**
- Licensing/Monitoring (section 5):
  - Agency/Department/Entity **Illinois Department of Children and Family Services**
  - Name of Lead Contact **[Denice Murray](#)**
- Child Care Workforce (section 6):
  - Agency/Department/Entity **Lead Agency: IL Dept. of Human Services**
  - Name of Lead Contact **[Barbara Payne](#)**
- Quality Improvement (section 7):
  - Agency/Department/Entity **Lead Agency: IL Dept. of Human Services**
  - Name of Lead Contact **[Barbara Payne](#)**
- Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity **Lead Agency: IL Dept. of Human Services**
  - Name of Lead Contact **[Barbara Payne](#)**

## **1.2 CCDF Policy Decision Authority**

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

- 1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

All program rules and policies are set or established at the State/Territory level.

Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

State/Territory

County. If checked, describe the type of eligibility policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Sliding fee scale is set by the:

State/Territory

County. If checked, describe the type of sliding fee scale policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Payment rates are set by the:

State/Territory

County. If checked, describe the type of payment rate policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Other. List and describe (e.g., quality improvement systems, payment practices) Are there any "Other"?

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that

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apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- CCDF Lead Agency
- TANF agency. Describe. \_\_\_\_\_
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- Child care resource and referral agencies. Describe. **CCR&R s administer the Child Care Assistance Program (CCAP) for their respective service delivery areas (SDAs).**
- Community-based organizations. Describe. **Site administered contractors provide Child Care Assistance to their respective communities.**
- Other. Describe. \_\_\_\_\_

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

- CCDF Lead Agency
- TANF agency. Describe. \_\_\_\_\_
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- Child care resource and referral agencies. **CCR&Rs provide families with Child Care consumer education and referrals to providers. A statewide consumer education and referral website is also administered by INCCRRA.**
- Community-based organizations.
- Other. Describe. \_\_\_\_\_

c) Who issues payments?

- CCDF Lead Agency
- TANF agency. Describe.
- Other State/Territory agency. Describe.
- Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- Child care resource and referral agencies. Describe. \_\_\_\_\_
- Community-based organizations. Describe.

Other. Describe. \_\_\_\_\_

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

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government.

(658D(b)(2)) General purpose local governments is defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

X [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe **The Plan is based on the work done by the Lead Agency's Child Care Advisory Council, the Professional Development Advisory Council, the CCR&R System 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. 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 county/local public health departments.**

X [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe **The Illinois Early Learning Council (IELC) is the state advisory council authorized by the Head Start Act. It is represented on the councils named above and CCDF State Child Care Administrator serves on the ELC and the ELC Executive Council. CCDF Lead Agency staff participate on the Council's committees. The Lead Agency worked with an ad hoc task force specifically formed to inform the planning process for Illinois' compliance with the CCDBG Reauthorization of 2014, named CCDF Planning, Implementation, and Compliance (PIC) Task Force. The PIC Task Force is chaired by one of the co-chairs of the IELC and policy supporter from one of the community agencies. Several members of the PIC Task Force are also members of the Lead Agency's Child Care Advisory Council.**

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes  
 No.

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- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy \_\_\_\_\_

NA [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with \_\_\_\_\_. Check N/A if no Indian Tribes and/or Tribal organizations in the State

X State/Territory agency responsible for public education. Describe The Illinois State Board of Education (ISBE) is the state agency responsible for public education. ISBE is represented on the advisory councils and the PIC Task Force named above. The CCDF Lead Agency works closely with the ISBE Division of Early Childhood.

X State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe ISBE is also the state agency responsible for special education. IDEA, Part B Section 619, is also represented on the Councils mentioned above. In addition, the CCDF Lead Agency is responsible for Early Intervention, IDEA, Part C. Early Intervention is represented on the Councils named above.

X State/Territory institutions for higher education, including community colleges. Describe Institutions of Higher Education are represented on the Councils named above. The community colleges represented are: Harold Washington College; Harper College; Heartland Community College; Lincoln Land Community College; Prairie State College; St. Augustine College. The 4-year colleges and universities are: Chicago State University; DePaul University; Eastern Illinois University; Erikson Institute; Governor's State University; Illinois State University; Millikin University; National Louis University; Northern Illinois University; University of Illinois/Urbana-Champaign; and University of Illinois/Chicago.

X State/Territory agency responsible for child care licensing. Describe The Illinois Department of Children and Family Services (IDCFS) is responsible for child care licensing and is represented on the Councils named above.

X State/Territory office/director for Head Start State collaboration. Describe The Illinois Head Start State Collaboration Office is represented on the Councils named above.

- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe \_\_\_\_\_

X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The Illinois State Board of Education (ISBE) is the state agency responsible for the Child and Adult Care Food Program. ISBE is represented on the Councils named above.

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- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe \_\_\_\_\_

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe **Agencies providing early childhood and school-age/youth development services are represented on the Councils named above, include, but are not limited to: Carole Robertson Center for Learning; Chinese American Service League; Bloomington Day Care; Rogy's Learning Place Center; Circles of Learning; Child Care Network of Evanston; First Step Day Care; plus 29 additional private agencies and family child care providers**

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe **The Governor's Office of Early Childhood Development programmatically manages the Maternal, Infant and Early Childhood Home Visitation Program (MIECHVP). The Lead Agency is responsible for the federal fiscal reporting and provides payment processing and contracting support to OECD.**

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe **handled by Department of Healthcare and Family Services (DHFS)**

McKinney-Vento State coordinators for Homeless Education. Describe **McKinney-Vento State Coordinator serves on a Child Care Advisory Council committee.**

State/Territory agency responsible for public health. Describe **The Illinois Department of Public Health is responsible for immunizations and shares the programs that promote children's emotional and mental health.**

State/Territory agency responsible for mental health. Describe **The Lead Agency is responsible for Mental Health**

State/Territory agency responsible for child welfare. Describe **The Illinois Department of Children and Family Services is responsible for child welfare and is represented on the councils named above.**

State/Territory liaison for military child care programs. Describe \_\_\_\_\_

State/Territory agency responsible for employment services/workforce development. Describe **The Lead Agency is responsible for employment services/workforce development for the TANF and SNAP participants. The Department of Commerce and Economic Opportunity is responsible for Workforce Investment & Opportunity Act (WOIA) programs.**

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe **The CCDF Lead Agency is also the agency responsible for TANF**

State/community agencies serving refugee or immigrant families. Describe **The Lead Agency Bureau of Refugee & Immigrant Service**

Child care resource and referral agencies. Describe **Several of the local CCR&R serve on the Councils listed above. And all Child Care Resource and Referral agencies serve on the CCR&R System Council.**

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Provider groups or associations. Describe **Provider groups and associations represented on the councils mentioned above include: Illinois Association for the Education of Young Children (ILAEYC); PSO/Illinois Child Care Association and Illinois Afterschool Network (IAN)**

Worker organizations. Describe **Service Employees International Union (SEIU) is represented on the councils mentioned above**

Parent groups or organizations. Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) **Date(s) of notice of public hearing 01/19/2016 Reminder - Must be at least 20 calendar days prior to the date of the public hearing.**
- b) **How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. **The Public Hearing announcement was emailed to the Child Care Advisory Council, the Early Learning Council, the Professional Development Advisory Council and the CCR&R System Council. The announcement was also posted to the State website which is ADA compliant.****
- c) **Date(s) of public hearing(s) 02-9-2016 Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.**
- d) **Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed **Hearings will be held in person and via webinar.****
- e) **Describe how the content of the Plan was made available to the public in advance of the public hearing(s) **The draft plan will be posted to the Lead Agency website and will also be sent via email as described in b) above.****
- f) **How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? **Comments and questions received from the public are discussed internally by the Lead Agency (State Child Care Administrator and program staff) first. The conversations are taken to the Lead Agency's advisory bodies, if necessary. Appropriate changes are made to the State Plan.****

1.3.3. Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

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Working with advisory committees. Describe **The draft plan will be emailed to stakeholders and available on the Lead Agency website prior to the Public Hearing.**

Working with child care resource and referral agencies. Describe \_\_\_\_\_

Providing translation in other languages. Describe \_\_\_\_\_

Making available on the Lead Agency website. List the website **The draft plan will be emailed to stakeholders and available on the Lead Agency website prior to the Public Hearing.**

Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe \_\_\_\_\_

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe **The draft plan will be emailed to stakeholders and available on the Lead Agency website prior to the Public Hearing.**

Other. Describe \_\_\_\_\_

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

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe

**Families whose children are enrolled in an approved Child Care Collaboration receive 12 month eligibility periods. Families participating in an approved Child Care Collaboration Program will have a grace period of 90 days, subsequent to loss of employment, limited to one time in any 12-month**

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period. Eligibility for care in an approved Child Care Collaboration Program will be indefinite when the child or family's participation in the collaboration is part of their current TANF Responsibility and Services Plan.

NA [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with \_\_\_\_\_

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

X [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe: **Other programs include Early Intervention, Early Childhood Home Visiting, Early Head Start; Prevention Initiative**

X [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe **The Lead Agency, which administers programs that serve the homeless, is working with ISBE and its Preschool for All programs serving children who are experiencing homelessness**

X [REQUIRED] Early childhood programs serving children in foster care. Describe **The Lead Agency supports DCFS School Readiness Initiative which ensures that foster children age 3-5 years are enrolled in a quality early childhood program**

X State/Territory agency responsible for child care licensing. Describe **The Lead Agency works in collaboration with DCFS to maintain state health and safety licensing standards.**

X State/Territory agency with Head Start State collaboration grant. Describe **The Lead Agency holds the grant for the Head Start State Collaboration Office.**

X State Advisory Council authorized by the Head Start Act. Describe **The Illinois Early Learning Council (IELC) is the state advisory council authorized by the Head Start Act. The CCDF Planning, Implementation, and Compliance (PIC) Task Force was created to inform the planning effort for the CCDF 2016-18 State Plan. The PIC Task Force is chaired by two members of the IELC, including one of the co-chairs.**

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe \_\_\_\_\_

X McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe **Lead Agency coordinates with state McKinney-Vento Coordinator on serving homeless families.**

X Child care resource and referral agencies. Describe **Contracted agencies responsible for implementing CCAP and Quality programs for child care providers, parents, and communities. This includes services such as: consumer education and child care referrals for parents, training, Technical Assistance, and grants for child care providers.**

X State/Territory agency responsible for public education. Describe **The Illinois State Board of Education (ISBE) is responsible for public education. The Lead Agency and ISBE work in coordination**

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to implement: (1) Use of the Illinois Early Learning Development Standards (IELDS) and Illinois Early Learning Guidelines (IELG) in child care settings; (2) The Child Care Collaboration program which uses approved CCDF Funds between Child Care Providers, Head Start/Early Head Start and Preschool for All.

State/Territory institutions for higher education, including community colleges. Describe Several institutions of higher education have worked with Gateways to Opportunity to align coursework with the Gateways Credentials. The colleges and universities are listed in 1.3.1

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The Illinois State Board of Education (ISBE) is responsible for the Child and Adult Care Food Program. ISBE has worked with the Lead Agency to continue to include license-exempt child care providers serving CCDF children.

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Lead Agency administers the WIC Program, Breast Feeding Peer Counseling Program and several nutrition programs.

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe \_\_\_\_\_

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe The GOECD working with the Lead Agency along with other public and private agencies coordinate these activities.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe \_\_\_\_\_

State/Territory agency responsible for public health. Describe \_\_\_\_\_

State/Territory agency responsible for mental health. Describe \_\_\_\_\_

State/Territory agency responsible for child welfare. Describe The Illinois Department of Children and Family Services is the agency responsible for child welfare. The Illinois Department of Child and Family Services (IDCFS) and Head Start through the Head Start State Collaboration Office (HSSCO) developed an MOU to increase the enrollment of children in the child welfare system in quality early learning programs; CCAC work to expand the Child Care Collaboration program. The major goal of both programs is to improve the quality of the early learning services for children in the child welfare system.

State/Territory liaison for military child care programs. Describe \_\_\_\_\_

State/Territory agency responsible for employment services/workforce development. Describe The Lead Agency is responsible for employment services/workforce development for the TANF and SNAP participants. The Department of Commerce and Economic Opportunity is responsible for Workforce Investment & Opportunity Act (WIOA) programs. The two agencies will be collaborating on a dual employment initiative to train and employ TANF participants as child care monitors.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Lead Agency's Family & Community Resource Centers (FCRC) and the CCR&Rs work together to

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ensure customers are supplied with the resources necessary to achieve maximum independence, including providing information to customers.

- State/Territory community agencies serving refugee or immigrant families. Describe \_\_\_\_\_
- Provider groups or associations. Describe \_\_\_\_\_
- Worker organizations. Describe \_\_\_\_\_
- Parent groups or organizations. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

## 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O)(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits ([https://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2014](https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014)), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine” **The Child Care Assistance Program (CCAP) and the Quality Improvement Programs pool funding from four sources to support the state program.**
- Which funds will you combine **The state pools from 1.) State General Revenue Fund 2.) TANF 3.) CCDF 4.) Title XX 5.) RTT**
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working

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families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations **The state combines the four funding sources mentioned above to provide child care for working families and to enhance and align the quality of services offered to the most needy families in Illinois.**

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

No

## 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

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Race to the Top/Early Learning Challenge Grant: 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 (IELC) in the administration of the grant. Several private agencies have key roles in implementing the goals and objectives set forth in the proposal.

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 Head Start State Collaboration Office (HSSCO) updates its statewide collaboration needs assessment and strategic plan annually. Plans are aligned with the Child Care Advisory Council's (CCAC) and IELC's strategic plans. Early Childhood Block Grant/Preschool for All: CCR&R agencies continue to assist with training and TA to child care providers participating in the program. The results of the initiative are an increase in the number of child care providers applying for Preschool for All funding.

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

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

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

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region

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- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
  - Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
  - Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
  - Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
  - As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

The Community Services Agreements between the Illinois Department of Human Services and the local Child Care Resource and Referral Agencies includes criteria pertaining to fiscal responsibility and reporting requirements, administrative requirements, service deliverables, performance measures and standards as well as linguistic and cultural competence. Specifically, the scope of services state that the CCR&R agencies will: 1.) Assist parents, guardians, families by offering information on child care options, quality care indicators, and costs; offering information on the child care assistance program (CCAP) and providing eligibility determination for the CCAP 2.) Assist child care providers by offering technical assistance, training and consultation relevant to the early childhood field and to provide quality child care services; process provider reimbursement for the CCAP 3.) Assist communities and policy makers by providing comprehensive data on child care supply and demand; participate in and/or assist community collaboration groups to provide coordinating services for families

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- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

## 1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

### 1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan \_\_\_\_\_

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **9-30-16**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **substantially implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **The Lead Agency has developed a Child Care provider guide. It confirms that Provider emergency management plans have evacuation, relocation and reunification procedures in place. In the event of an emergency, licensing standards and family child care standards require**

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providers to not only have emergency response drills but also have continuity plans in place.

- Unmet requirement - Identify the requirement(s) to be implemented **Complete rulemaking process for licensing standards revisions and secure final agency approvals.**
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **Write licensing rules, write CCAP policy & procedures and secure approvals, distribute and train**
  - Projected start date for each activity **Current**
  - Projected end date for each activity **9-30-16**
  - Agency – Who is responsible for complete implementation of this activity **The Lead Agency**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department of Children and Family Services**

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

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP),

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Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.

- d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and
  - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
  - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
  - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

## **2.1 Information about Child Care Financial Assistance Program Availability and Application Process**

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))

### **2.1.1 Describe how the State/Territory informs families of availability of services.**

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) **The Child Care Assistance Program is available to all individuals that are income and activity eligible. The Lead Agency serves 100% of qualified families that have applied. Information is readily available through a number of sources, see 2.1.1 (b) below.**
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. **The following entities provide information about the Child Care Assistance Program to share with families: CCDF Lead Agency, including the Family Community Resource Centers that administer TANF and SNAP, Child Care Resource &**

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Referral agencies, contractors, community-based organizations and the Lead Agency's website (<http://www.dhs.state.il.us>).

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)? **The Lead Agency maintains printed materials for distribution to families at the offices mentioned in (b), and on the Lead Agency website.**

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email. Provide link <http://www.dhs.state.il.us/page.aspx?item=68333>

In-person interview or orientation. Describe agencies where these may occur **Parents can apply for the CCAP through the local child care resource and referral agencies and contracted Site Administered Child Care providers.**

Phone

Mail

At the child care site **At Contracted Sites only**

At a child care resource and referral agency

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe \_\_\_\_\_

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe \_\_\_\_\_

Other strategies. Describe \_\_\_\_\_

## 2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),

- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_

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- Partners – Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

Consumer education materials about child care are available through the Child Care Resource and Referral Agencies and Family Community Resource Centers. The local CCR&R staff share consumer education materials and referrals to providers with the families who haven't selected a provider at the time of CCAP application. Consumer education and referral services are available to all Illinois families who contact the CCR&Rs. Information about child care services can be found on the Lead Agency website which hosts general information about DHS, including TANF & SNAP, as well as the ExceleRate Illinois website which hosts the States quality program content. Information on the Individuals with Disabilities Education Act is on the Lead Agency website. The Lead Agency website is also in Spanish.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Written materials are available at offices, online materials can be printed and providers have the option to receive email communications from the Lead Agency. The application for Child Care Assistance includes a section that informs parents about selecting a child care provider. As far as electronic means, providers can help parents navigate sites and there are readily available parent counselors in the CCR&Rs.

- c) Describe who you partner with to make information about the full diversity of child care choices available.

The Lead Agency partners with the Child Care Resource and Referral agencies and Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public **The State makes information available about child care quality via resource dissemination and child care referrals, consumer education services, searchable database, and marketing.**

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- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) **There are printed materials educating parents on quality of child care services available to them. Parents can also use the ExceleRate Illinois website to search for providers.**
  - c) Describe who you partner with to make information about child care quality available. **The Lead Agency partners with the Child Care Resource and Referral agencies and INCCRRA.**

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF) **TANF information is shared with eligible parents via the Lead Agency website, local offices (Family Community Resource Centers) and the CCR&Rs. Information about program eligibility criteria, what services are offered, the purpose of the service and how to apply are on the website and there is an online application. Parents can pick up printed materials from local offices and community partners.**
- b) Head Start and Early Head Start Programs: **The Head Start State Collaboration Office is housed within the CCDF Lead Agency. Information about Head Start and Early Head Start Programs are available at the CCR&Rs and some contracted Site agencies.**
- c) Low Income Home Energy Assistance Program (LIHEAP) **Family Community Resource Centers distribute information on LIHEAP**
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) **SNAP information is shared with eligible parents via the Lead Agency website and Family Community Resource Centers. Information about emergency food, WIC, income calculators and how to apply are on the website, as well as an online application. Parents can apply and pick up printed materials from local offices and community partners.**
- e) Women, Infants, and Children Program (WIC) **WIC information is shared with eligible parents via the Lead Agency website, Family Community Resource Centers and the CCR&Rs. Information about the program and how to apply are on the website. Parents can apply and pick up printed materials from local offices and community partners.**
- f) Child and Adult Care Food Program(CACFP) **CACFP information is shared with parents via participating child care providers and sponsoring organizations.**
- g) Medicaid **Information is available on the Lead Agency's website and the Department of Healthcare and Family Services (DHFS).**

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- h) Children's Health Insurance Program (CHIP) Information is available on the Lead Agency website and DHFS.
  - i) Individuals with Disabilities Education Act (IDEA) Part C Early Intervention is on the Lead Agency website
  - j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) Pre-school for All and Prevention Initiative are on the ISBE website
  - k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) MIECHVP is on the Lead Agency website.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

Information about the following programs is available on the indicated websites, from the CCR&Rs, and other partners including ISBE, IHSA (Head Start), DHFS, etc.

- a) Temporary Assistance for Needy Families (TANF) The Lead Agency administers TANF: <http://www.dhs.state.il.us/page.aspx?item=49833>
- b) Head Start and Early Head Start Programs Head Start and Early Head Start programs are federally administered programs. Information about grantees in Illinois can be found at: <http://ilheadstart.org>
- c) Low Income Home Energy Assistance Program (LIHEAP) LIHEAP is administered by the Dept. of Commerce and Economic Opportunity. Information is available at <http://liheap.org/states/il>
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) SNAP is administered by the Lead Agency: <http://www.dhs.state.il.us/page.aspx?item=33412>
- e) Women, Infants, and Children Program (WIC) WIC is administered by the Lead Agency: <http://www.dhs.state.il.us/page.aspx?item=38054>
- f) Child and Adult Care Food Program(CACFP) Information about the Food Program is shared at the Child Care Resource & Referral agencies. ISBE administers the CCAFP, [http://isbe.net/nutrition/htmls/child\\_adult.htm](http://isbe.net/nutrition/htmls/child_adult.htm)
- g) Medicaid: Medicaid is administered by DHFS and the Illinois Health Care Portal is: <http://www.health.illinois.gov>
- h) Children's Health Insurance Program (CHIP) The CHIP program in IL is All Kids: <http://allkids.com>. It is administered by DHFS.

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- i) Individuals with Disabilities Education Act (IDEA) **IDEA Part B is administered by ISBE: [http://isbe.net/spec-ed/html/idea\\_part-b.htm](http://isbe.net/spec-ed/html/idea_part-b.htm) and IDEA Part C is administered by the Lead Agency: <http://www.dhs.state.il.us/page.aspx?item=31889>**
  - j) Other State/Federally Funded Child Care Programs (example-State Pre-K) **ISBE administers Preschool for All, and other early childhood programs, <http://isbe.net/earlychi/default.htm>**
  - k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) **MIECHV information can be found at: <http://www.dhs.state.il.us/page.aspx?item=56690> ; other early childhood programs can be found at <http://www.dhs.state.il.us/page.aspx?item=31778>**
- 2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))
- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public **Information about research and best practices in child development are available through the ExceleRate Illinois website.**
  - b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) **The ExceleRate website has links that direct users to supplementary websites for additional information.**
  - c) Describe who you partner with to make information about research and best practices in child development available **The Lead Agency partners with INCCRRA, The McCormick Center for Early Childhood Leadership, and The Erikson Institute.**
- 2.2.7 Describe how information on the State/Territory’s policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))
- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe what you provide (e.g., early childhood mental health consultation services to child care programs) and how (i.e., methods such as written materials, direct communication, etc.) for each group:

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- i. **Parents:** Caregiver Connections, the Statewide Early Childhood Mental Health Consultant (MHC) program, addresses the mental health needs of young children (targeting children birth - age 5) in child care settings. The MHC supplies training, technical assistance, consultation and referrals to providers and families they serve in the CCR&R system.
  - ii. **Providers:** Caregiver Connections, the Statewide Early Childhood Mental Health Consultant (MHC) program, addresses the mental health needs of young children (targeting children birth - age 5) in child care settings. The MHC supplies training, technical assistance, consultation and referrals to providers and families they serve in the CCR&R system. Licensing standards for child care centers require health screenings and annual vision/hearing screening. In addition, providers are encouraged to do, or have access to, developmental screenings. The Illinois Trainers Network (ITN) Developmental Screening Training is an 8-hour session on the basics of conducting development screening and making suitable referrals to access services appropriate to children's needs. ExceleRate requires providers to have access to or conduct developmental screenings and child assessment at the higher levels of quality.
  - iii. **General public:** Illinois State Board of Education (ISBE) is responsible for Illinois Early Learning & Development Standards. These include information on standards and skills for children birth through age five regarding social and emotional learning. A representative from ISBE serves on the Child Care Advisory Council.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available.

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 and the families they serve, helping them recognize, understand and respond to the social/emotional needs of the children in their care. Other resources available to child care providers are: Child and Family Connections, Local Interagency Councils, etc.

c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?
  - Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link  
\_\_\_\_\_
  - No.
- School-age children from programs receiving child care assistance?

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- Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link \_\_\_\_\_

No.

## 2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) **Licensing Standards and ExceleRate (QRIS) Program Standards**
  - a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened: **Early and periodic screening, diagnostic and treatment procedures are located online. Fact sheets about all of the programs can be found at <http://www.dhs.state.il.us/page.aspx?item=30321> (EI); <https://www.illinois.gov/dhcs/brighterfutures/healthy/Pages/default.aspx> <http://www.hfs.illinois.gov/assets/032008hk200.pdf> (ALL KIDS providers manual) <http://www.allkids.com> (ALL KIDS website for parents)**
  - b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays **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 and the families they serve, helping them recognize, understand and respond to the social/emotional needs of the children in their care. Other resources available to child care providers are: Child and Family Connections, Local Interagency Councils, etc.**

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do

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not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint **Lead Agency , CCR&Rs and Department of Children and Family Services research and investigate all complaints received in comparison to rules and policy to substantiate or resolve misunderstanding. A substantiated parental complaint is one that is determined valid by observation, attestation or collection of verifiable documentation.**
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) **The Department of Children and Family Services (DCFS) is responsible for investigating all complaints against child care providers and making information available upon request. Complaints regarding child care providers can be made to local DCFS licensing offices or the Central Office of Licensing. Parents may also call the DCFS Advocacy Office, toll-free. Allegations of abuse or neglect should be made to the toll-free Child Abuse Hotline (1-800-252-2873).**
- c) How does the State/Territory make substantiated parental complaints available to the public on request **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.

- d) Describe how the State/Territory defines and maintains complaints from others about providers **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 found on the Official Website of the State at <https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/Search.aspx>**

- 2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other \_\_\_\_\_
- None

- 2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages **1.) Spanish 2.) Polish**

- 2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities **Services are provided to eligible persons with disabilities in the same manner as other CCDF-eligible families.**

### 2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see

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section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:
  - a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
  - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe [redacted]
  - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe [redacted]
  - d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe [redacted]
  - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe [redacted]

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) 9-30-16

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) **partially completed**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable: **The Lead Agency website will be expanded and linked to additional sites to ensure all requirements are met.**
  - Unmet Requirement(s) – Identify the requirement(s) to be implemented **Organized by provider, the results of monitoring and inspection reports, including those due to major substantiated complaints.**

**The number of deaths, serious injuries, and instances of substantiated child abuse that occurred in child care settings each year, for eligible child care providers within the State.**

**Update offenses that prevent individuals and entities from serving as child care providers in the State, includes legal review and rule update.**
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **1.) Enhance the Lead Agency website with descriptions of licensing, monitoring, background checks, etc. 2.) Link to DCFS website for provider licensing, monitoring results, and injury, death and abuse in child care data.**
    - Projected start date for each activity **current**
    - Projected end date for each activity **9-30-2016**
    - Agency – Who is responsible for complete implementation of this activity **CCDF Lead Agency**
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department of Children and Family Services; INCCRRA**

### **3 Provide Stable Child Care Financial Assistance to Families**

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete

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training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

### 3.1 Eligible Children and Families

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

#### 3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from **1 week** (weeks/months/years) to **13** years (through age 12). **Our policy is to the 13<sup>th</sup> birthday.**

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

Yes, and the upper age is **18** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity **Children who have physical or mental incapacities as documented by a statement from local health providers or other professional in the health/medical field that explains how the child is incapable of self-care.**

No.

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

Yes, and the upper age is **18** (may not equal or exceed age 19)

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

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

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- Working: A trade or profession, or other means of legal livelihood for which a wage, salary or monetary compensation is paid.
- attending job training: Work experience; Work First; community services and/or job search/job readiness activities approved by the Lead Agency
- attending education: Adult-based education/GED programs and short term vocational programs that are licensed by the IL Department of Professional Regulation or other state regulating agency, and/or certified by the Illinois State Board of Education; and two- and four- year college programs approved by the Lead Agency

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

Yes.

No. If no, describe additional requirements \_\_\_\_\_

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

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – “Protective Services” means child care provided for families who have been impacted by a state or federal declared disaster. Income threshold and work/training requirements may be waived for impacted families on a case-by-case basis.

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

Yes.

No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

### 3.1.4 Eligibility Criteria Based on Family Income

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

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

b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits \_\_\_\_\_. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$5120	\$4352	\$2151	42%	\$2456	48%
3	\$6029	\$5125	\$2712	45%	\$3098	52%
4	\$6962	\$5918	\$3274	47%	\$3739	54%
5	\$6522	\$5544	\$3835	59%	\$4380	67%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at <http://aspe.hhs.gov/poverty/index.cfm> .

c) SMI Source and year **The Income Converter uses U.S. Census Bureau estimates of state median income by family/household size from the most recently available, one-year American Community Survey (ACS) file.** <http://www.nccp.org/tools/converter/> Last updated March 2015

d) These eligibility limits in column (c) became or will become effective on **11-9-15**

e) Provide the link to the income eligibility limits:

### 3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E(c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out \_\_\_\_\_

Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions

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only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) 9-30-16
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Recommendations received, considered and plan established.
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
  - Unmet requirement – Identify the requirement(s) to be implemented: Revise policies and procedures to ensure the family will receive 12 months of assistance. There will be a check-in/reporting for renewal at 9 months. If the family remains eligible, they will remain on the program for the next 12 months. If not eligible, the family will get a 90-day phase out period. Only two conditions will prevent the family from continuing on: 1) income that exceeds 85% SMI; or 2) non-temporary loss of job and cessation of job training or education.
    - Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1.) System updates 2.) Modify copayment tables 3.) Update policy & procedures 4.) Develop communication to notify families of revised requirements
      - Projected start date for each activity 3-1-16
      - Projected end date for each activity 9-30-16
      - Agency – Who is responsible for complete implementation of this activity Lead Agency
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances

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into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement.

01.02.02- Non- Exempt Income and 01.02.04 Income Calculation & Calculation Worksheet. Irregular Fluctuation in Earnings such as; inconsistent pay for overtime, incentives, bonuses, sick, vacation, travel reimbursements are not included in the State's definition of base wages and salary. This definition of base wages and salary can be found in rule.

01.02.03 Exempt Income Non-recurrent or inconsistent pay for overtime, incentives, bonuses, sick, vacation, travel reimbursements or other types of non-recurrent or inconsistent income that is not part of the family's base income. Base wages and Salary is the amount of gross earned income calculated by multiplying the number of hours worked by the hourly wage plus tips, before any deductions, such as taxes, pension payments, union dues, insurance, etc., are made. Base wages and salary do not include non-recurrent or inconsistent pay for overtime, incentives, bonuses, sick, vacation, travel reimbursements or other types of non-recurrent or inconsistent income.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_

- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

Applicant identity. Describe Information is self-declared on the Application. CCAP Specialists use the following data systems to verify applicant identity: IPACS-Illinois Public Aid Communications System; AWVS – Automated Wage Verification System; KIDS Key Information Delivery System (Child Support)

Applicant’s relationship to the child. Describe Information is self-declared on the Application. CCAP Specialists ask for birth certificates, baptismal records, census records, etc. when the application doesn’t list a child’s Social Security Number to determine the Household Composition. Databases mentioned above are also used.

Child’s information for determining eligibility (e.g., identity, age, etc.). Describe Databases mentioned above are used to verify a child’s information. If information cannot be confirmed in State systems, a CCAP Specialists may ask for birth certificates, baptismal records, census records, etc. when the application doesn’t list a child’s Social Security Number to determine the Household Composition.

Work. Describe The following documentation is required to verify work information: the 2 most recent check stubs, direct deposit slip, income verification letter from employer, and/or income tax forms. Self-employment income is verified via self- attestation. CCAP Specialists use the Automated Wage Verification System (AWVS) to verify the information.

Job training or Educational program. Describe Parents submit copies of high school/college registration materials (registration form and class schedule) and copies of grade reports. TANF clients submit copies of Responsibility and Service Plans that can be verified through State Databases and collateral contact with Local TANF Office of Family Community Resource Centers.

Family income. Describe The information on the check stubs, income letters and tax forms are verified on AWVS.

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

Applicant residence. Describe CCAP Specialists use the address on the application, IPACS and personal identification to verify the applicant residence.

Other. Describe \_\_\_\_\_

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act,

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only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

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

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

Track and monitor the eligibility determination process

Other. Describe \_\_\_\_\_

None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with 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/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency **Illinois Department of Human Services (also CCDF Lead Agency)**

b) Provide the following 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**

- "reasonable distance" The client's total travel time (from home to child care to place of job/activity, plus the return trip) is not more than 25% of the client's total time on the job/activity, e.g. no more than two hours commuting time for an 8-hour work day.
- "unsuitability of informal child care" Arrangements with family or friend to child care that do not meet the child's needs, 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.

As defined under section VII Sanctions in the current TANF Plan effective 10-1-13 through 12-31-15.

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

- In writing
- Verbally
- Other. Describe \_\_\_\_\_
- List the citation to this TANF policy **WAG 03-13-00: TANF General Activity Compliance Requirements, PM 03-13-04: Penalty for Refusal or Failure to Comply and PM 03-13-01: Work Eligible Person - Activity Compliance Requirements**

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

### 3.2 Increasing Access for Vulnerable 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. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible 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 the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of "Children with special needs": **Special Needs Child - is:(a) a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 USC1401); (b) a child who is eligible for Early Intervention services under Part C of the Individuals with Disabilities Education Act (20 USC1431 et seq.); (c) a child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973**

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(29 USC794). and describe how services are prioritized Effective November 9, 2015, the Department imposed priority eligibility guidelines to all new Applications. The groups included 1.) Recipient of Temporary Assistance to Needy Families (TANF), or a 2.) Teen parent enrolled full-time in elementary or high school or GED classes to obtain a high school degree or its equivalent, or a 3.) Family with a Special Needs child(ren), or a 4.) Working family whose monthly income does not exceed 162% of the most current Federal Poverty Level.

b. Provide definition of “Families with very low incomes” Working families whose monthly incomes do not exceed 30% of the state median income for their family size and describe how services are prioritized Effective November 9, 2015, the Department imposed priority eligibility guidelines to all new Applications. The groups included 1.) Recipient of Temporary Assistance to Needy Families (TANF), or a 2.) Teen parent enrolled full-time in elementary or high school or GED classes to obtain a high school degree or its equivalent, or a 3.) Family with a Special Needs child(ren), or a 4.) Working family whose monthly income does not exceed 162% of the most current Federal Poverty Level.

c. Describe how services for 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 are prioritized (Section 418(b)(2) of the Social Security Act) Effective November 9, 2015, the Department imposed priority eligibility guidelines to all new Applications. The groups included 1.) Recipient of Temporary Assistance to Needy Families (TANF), or a 2.) Teen parent enrolled full-time in elementary or high school or GED classes to obtain a high school degree or its equivalent, or a 3.) Family with a Special Needs child(ren), or a 4.) Working family whose monthly income does not exceed 162% of the most current Federal Poverty Level.

### 3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I(i)I) ACF

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recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements \_\_\_\_\_
- b. Procedures to conduct outreach to homeless families to improve access to child care services \_\_\_\_\_
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services \_\_\_\_\_

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **9-30-16**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Recommendations received, considered and plan developed.**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_

Unmet requirement - Identify the requirement(s) to be implemented **to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations) 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families; and 3) conduct specific outreach to homeless families.**

- 
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1.) Establish homeless children as categorically eligible and a priority for the CCAP program. 2.) Include homeless children and children needing care during non-traditional hours in the Protective Service definition for services. 3.) Coordinate with ISBE (McKinney Vento) and DHS Office of Adult Services Homeless Services Programs to establish a systematic method for identifying families who experience homelessness both at the program level and at the point of application, and align homeless families with services needed. 4.) Child care provider and CCR&R staff training
    - Projected start date for each activity current
    - Projected end date for each activity 9-30-16
    - Agency – Who is responsible for complete implementation of this activity Lead Agency
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity Department of Children and Family Services; ISBE

### 3.3 Protection for Working Parents

#### 3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

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Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination \_\_\_\_\_

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **9-30-16**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **partially implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date: **The state has performed a pilot of 12 month eligibility previously.**
  - Unmet requirement - Identify the requirement(s) to be implemented **All cases that are eligible for CCAP approved for a 12-month eligibility period. The State plans a 9-month check-in/reporting for renewal but cases will receive 12 months of child care assistance.**
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.): **1.) System testing 2.) Update Policy & Procedures 3.) Revise notification to families reflecting new requirements.**
      - Projected start date for each activity **in process**
      - Projected end date for each activity **9-30-16**
      - Agency – Who is responsible for complete implementation of this activity **Lead Agency**
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

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(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs **For non-temporary changes in employment or school, the State will allow a maximum of three months of continued CCAP eligibility to allow parents to engage in job search, resume work, or attend an education or training program. Participants are worked with encouraged to resume activities at the earliest possible date to remain active in CCAP. The circumstances considered to be non-temporary include but are not limited to: a voluntary job or school quit with no intention of resuming, or termination, employment ending due to the closing of a business, medical or maternity leaves that exceed a twelve week grace period, and graduating from an educational or training program. Effective 9-30-2016 State of Illinois Child Care Assistance Program Manual.**

No, the State/Territory does not allow this option.

### 3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours.

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States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

02.01.01 – Application Process: Child Care Resource & Referral agencies and Site Administered Providers may receive applications for child care services through a variety of methods. Parents may hand-deliver, mail, or fax their application for child care assistance. Parents can use the Child Care Management System Web Online Application to apply for child care assistance. Note: This option is currently limited to Application and does not include Redetermination.02.03.01 – Redetermination - The Redetermination form and eligibility documentation may be hand-delivered, mailed or faxed.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
      - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
        - Projected start date for each activity \_\_\_\_\_
        - Projected end date for each activity \_\_\_\_\_
        - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_

- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

**3.4 Family Contribution to Payment**

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here  and describe how many jurisdictions set their own sliding fee scale \_\_\_\_\_. Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?(*based on higher end of range)	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	0-\$531	\$2.00	.004%	\$2151	\$202	9.4%
3	0-\$670	\$2.00	.003%	\$2713	\$255	9.4%
4	0-\$809	\$2.00	.002%	\$3274	\$308	9.4%
5	0-\$947	\$2.00	.002%	\$3836	\$360	9.4%

a) What is the effective date of the sliding fee scale(s)? 11/9/15

b) Provide the link to the sliding fee scale

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

- 3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

- Fee is a dollar amount and
  - Fee is per child with the same fee for each child
  - Fee is per child and discounted fee for two or more children
  - Fee is per child up to a maximum per family
  - No additional fee charged after certain number of children
  - Fee is per family

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

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- Yes, and describe those additional factors using the checkboxes below.
  - Number of hours the child is in care
  - Lower copayments for higher quality of care as defined by the State/Territory
  - Other. Describe other factors: **If all of the children in care are of school age and are approved for part-time (less than 5 hours per day) day care for any month September through May, the parent share is 50% of the amount shown in Section 50.320. A school age child is a child whose age is 5 to 13 years and is enrolled in school.**
- No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

- Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$\_\_\_\_\_.
- No, the Lead Agency does not waive family contributions/co-payments.

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

- Limits the maximum co-payment per family. Describe **The Lead Agency monitors the co-payment amounts systematically to ensure they are at 10% or below of a family's gross monthly income. The co-payments are graduated and are established not to exceed 10% of the family's gross monthly income.**

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- Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe \_\_\_\_\_
  - Minimizes the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe \_\_\_\_\_
  - Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe \_\_\_\_\_
  - Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe \_\_\_\_\_
  - Other. Describe \_\_\_\_\_

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory’s payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

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

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

- 4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

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 have not selected a provider at the time of application. Consumer materials about child care are also available at the CCDF Lead Agency's local offices (FCRCs). Additionally, parents can utilize the ExceleRate Illinois website to search for providers by quality level and by zip code.

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

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other. Describe Information about selecting a child care provider is included in the CCAP application packet. Parents may also be referred by Parent Services staff at the CCR&Rs for consumer education and a list of child care providers who accept children in CCAP.

- 4.1.3 Child Care Services Available through Grants or Contracts

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

Yes. If yes, describe:

- the type(s) of child care services available through grants or contracts **The Lead Agency contracts with several child care centers and agencies to provide Site Administered Child Care Assistance to eligible parents. Contracts are awarded to licensed child care centers and family child care networks. Child Care Assistance Program is available for children from 6 weeks through 12 years.**
- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) **Child care providers; child care resource & referral agencies; family child care networks; community-based agencies**
- the process for accessing grants or contracts **Site Administered Contracts for the CCAP program are awarded year to year and based on funding availability and acceptable performance under their contract terms**
- the range of providers available through grants or contracts **Child care centers for children 6 weeks through age 12; family child care homes for the same age group are available through family child care networks**
- how rates for contracted slots are set through grants and contracts **the rates for contracted slots are the same as those in the certificate program**
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality **At this time, entities are contracted with based on acceptable performance in CCAP and the entities experience with special populations and capacity. Should additional funds be made available contracts would be awarded via Requests For Proposal.**
- if contracts are offered statewide and/or locally **Contracts are available statewide**

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

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

Other. Describe \_\_\_\_\_

Improve the quality of child care programs with grants or contracts for:

Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards

Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation

Programs to serve children with disabilities or special needs

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve homeless children

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

Urban

Rural

Other. Describe \_\_\_\_\_

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

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

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

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

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe \_\_\_\_\_

Restricted based on provider meeting a minimum age requirement. Describe **All individuals providing care must be 18 years of age or older.**

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe \_\_\_\_\_

Restricted to care by relatives. Describe \_\_\_\_\_

Restricted to care for children with special needs or medical condition. Describe \_\_\_\_\_

Restricted to in-home providers that meet some basic health and safety requirements. Describe \_\_\_\_\_

Other. Describe

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 (conducted 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 are 13 years and older must be cleared through CANTS and SOR

No

#### 4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

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The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- MRS
- Alternative Methodology. Describe \_\_\_\_\_
- Both. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

The Child Care Advisory Council includes individuals from the local child care resource and referral agencies as well as partner agency INCCRRA. The data used to compile the MRS comes from these entities. After completion, the survey is shared with the full council which is comprised of a broad group of stakeholders and includes members of the Illinois Early Learning Council. All stakeholders are thus informed and can offer input.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other

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relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

The market rate analysis in Illinois utilizes the statewide Child Care Resource and Referral (CCR&R) administrative data. The administrative data is collected by local CCR&R agencies and maintained by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). Data analysis on market rates is conducted by a university.

- 4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:
- a) Geographic area (e.g., statewide or local markets) **Statewide, currently there are three geographically-defined subsidy tiers; Group IA, Group IB, and Group II. The Market Rate survey presents data by these tiers, for the State and by county.**
  - b) Type of provider **Licensed Child Care Centers, Family Home Care Providers, and Family Group Home Providers.**
  - c) Age of child **Infants and Toddlers (6 weeks-23 months), Twos (24-35 months), Preschool (36-71 months), and School-age (6-12 years)**
  - d) Describe any other key variations examined by the market rate survey, such as quality level
- 4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.
- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) **December 31, 2015**
  - b) Date report containing results was made widely available, no later than 30 days after the completion of the report **January 29, 2016**
  - c) How the report containing results was made widely available and provide the link where the report is posted if available. **The report is disseminated to the Early Learning Council, CCR&Rs, Child Care Advisory Council and posted on the Lead Agency website.**

### 4.3 Setting Payment Rates

- 4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates \_\_\_\_\_.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
  - Rate **\$46.49** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)

- Percentile [30.5](#)
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
  - Rate [\\$35.30](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [71.5](#)
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
  - Rate [\\$46.49](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [30.5](#)
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
  - Rate [\\$35.30](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [71.5](#)
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
  - Rate [\\$32.72](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [28.0](#)
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
  - Rate [\\$29.92](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [56.9](#)
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
  - Rate [\\$16.36](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [72.9](#)
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
  - Rate [\\$14.96](#) per [day](#) unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile [76.3](#)
- i) Describe the calculation/definition of full-time care: **Care provided five (5) or more hours per day**
- j) Provide the effective date of the payment rates **12-1-14**
- k) Provide the link to the payment rates

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

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Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours. Describe \_\_\_\_\_

Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe **Site administered contracted providers may receive a 20% add-on to their payment rate for children who have disabilities and special needs**

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe \_\_\_\_\_

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe

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

Tiered rate/rate add-on for programs serving homeless children. Describe \_\_\_\_\_

Other tiered rate/rate add-on beyond the base rate. Describe \_\_\_\_\_

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

**The reimbursement rates for care vary by age of child, type of care and geographical region of the state. While used in discussions with agency administration and legislators, 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.**

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. **Not applicable**

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#### 4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe \_\_\_\_\_
- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe \_\_\_\_\_
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe \_\_\_\_\_
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe \_\_\_\_\_
- Data on where children are being served showing access to the full range of providers. Describe **Data shows that CCAP families access and use the full range of providers across the state.**
- Data on how rates set below the 75<sup>th</sup> percentile allow CCDF families access to the same quality of care as families not receiving CCDF. **Illinois' quality rating and improvement system, ExceleRate has quality add-ons to assist CCDF families in accessing higher quality of care programs.**
- Feedback from parents, including parent survey or parent complaints. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access: **For most of the State, Illinois rates do not reach the recommended 75<sup>th</sup> percentile as recommended by the CCDF. Across all age groups, assistance rates seem to provide better coverage in family child care and family group homes as opposed to centers. While payment rates are not at the 75% of market for much of the state data shows the 76% of the Licensed Family Child Care providers and 69% of the Licensed Child Care Centers on the Statewide Child Care Provider database are willing to serve CCAP children and families. The Lead**

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Agency believes this is an indication that rates are adequate to provide parents with choices of child care settings. These percentages have remained steady for several years.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

#### 4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

- Pays prospectively prior to the delivery of services. Describe \_\_\_\_\_
- Pays within no more than 21 days of billing for services. Describe \_\_\_\_\_
- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences \_\_\_\_\_

Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child attends at least a

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certain percent of authorized time. Specify percent and describe **80% attendance rule – Payments for licensed and license-exempt child care centers are based on eligible days if the total of days attended for all IDHS children at the center location are 80% of the eligible days. Payments for licensed child care home providers are based on eligible days if the total of days attended for all children in the family are 80% of the family's eligible days. Payments for license-exempt child care home providers are based only on attended days.**

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe \_\_\_\_\_

Pays on a full-time or part-time basis (rather than smaller increments such as hourly) **The part-day rate or school age rate if the care provided is less than 5 hours per day. The full day rate if the care provided is from 5 through 12 hours per day. If the care provided is more than 12 hours but less than 17 hours in a day, the full day rate is for the first 12 hours of care and the part day rate for the remainder. If the care provided is from 17 to 24 hours in a day, the full day rate is for the first 12 hours and a full day rate for the remainder.**

Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) \_\_\_\_\_

Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment \_\_\_\_\_

Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory \_\_\_\_\_

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments. Describe length of time **Certificates are to be entered for payment within 5 business days of receipt.**

Track and monitor the payment process **The payment process is tracked through multiple systems, one owned by DHS (HCCMS) and the other through the DHS Accounting System (CARS), and the Office of the Comptroller Systems. There are checks and balances between all systems that allow payments to be tracked and monitored.**

Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe **The Lead Agency utilizes an Integrated Voice Response (IVR). The automated billing and payment inquiry telephone system used by providers to enter billing. The Department also offers both direct deposit and debit cards for payments to providers.**

Other. Describe \_\_\_\_\_

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

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. Describe data sources \_\_\_\_\_

No. If no, how does the State/Territory determine most critical supply needs? **The state has drafted recommendations on how to develop and implement strategies that increase the supply and improve the quality of child care services. The State in partnership with the Child Care Advisory Council, specifically the Collaboration Committee has drafted recommendations on how to develop strategies to increase the supply and improve the quality of child care services. Our next step is to utilize data to conduct an analysis.**

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

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

b) Children with disabilities (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

c) Children who receive care during non-traditional hours (check all that apply)

Grants and contracts (as discussed in 4.1.3)

- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe \_\_\_\_\_

d) Homeless children (check all that apply)

Grants and contracts (as discussed in 4.1.3)

- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe \_\_\_\_\_

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe \_\_\_\_\_

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **9-30-16**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially implemented**

Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **In October 2015, The Lead Agency**

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implemented a pilot for TANF employment and training customers. These TANF customers are provided with enhanced consumer education and referrals to child care providers with available slots and priority CCAP application processing: The goals of the pilot are to expedite child care placement, encourage enrollment in high quality settings, and promote self sufficiency of the family in supporting their participation in employment and training programs.

- Unmet requirement - Identify the requirement(s) to be implemented Increase access to programs providing high-quality child care and development services. Give priority to children of families in areas that have significant concentrations of poverty and unemployment. Action plan to serve these families will also connect with the WIC, SNAP and other programs for low income populations, and be culturally and linguistically appropriate.
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - 1) Identify population
    - 2) Augment policy and procedure
    - 3) Train providers on available programs and resources for this population
    - 4) Build capacity
      - Projected start date for each activity 10-1-2015
      - Projected end date for each activity 9-30-16
      - Agency – Who is responsible for complete implementation of this activity Lead Agency
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity  
Continue to work with the PIC/ELC to finalize plan and linkages

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and

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appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

## 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care: **Day Care Centers: a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work; Day Care Homes: one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Group Day Care Homes: a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.**

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

**X** Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers: **The Lead Agency exempts the following CCDF types of care from licensing requirements:**

- **Non-Relative care in the Provider's Home**
- **Non-Relative care in the Child's Home**
- **Relative care in the Provider's Home**
- **Relative care in the Child's Home**
- **License-exempt child care centers**

**For the above identified types of care, the Lead Agency requires that these providers limit the care to 3 children (including the providers own children), or provide care for all of the children from a single household. A household shall be comprised of the adults who have child(ren) in common, the child(ren) those adults have in common and the other child(ren) of each such adult who reside**

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together. When adults, other than spouses, reside together and do not have a child in common, each adult along with his or her child will be considered a separate household.

- A Child Care Center demonstrating that it meets the criteria for the exemption that it claims (see 89 Ill. Adm. Code 377) and certifying that its facility or program is exempt from licensure.

The Lead Agency will promote the health, safety, and development of children in care with relative providers by requiring such providers to be screened through the Sex Offender Registry, and the Child Abuse and Neglect Tracking System. In addition, relative caregivers will be required to complete health and safety training.

In addition, the Lead Agency is developing a monitoring/inspection policy that will determine to what extent provider groups will be monitored.

The work of the Lead Agency on the health and safety training, background check requirements, and monitoring and inspection visits will focus on the outcome of quality care and ensuring the children are not endangered.

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_

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- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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- Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition “Infant” means a child from 6 weeks through 14 months of age
- Ratio 1:4
- Group size 12

2. Toddler

- State/Territory age definition “Toddler” means a child from 15 through 23 months of age. The term may include a child up to 30 months of age depending upon physical or social development.
- Ratio 1:8
- Group size 16

3. Preschool

- State/Territory age definition 36 through 59 months
- Ratio 1:10
- Group size 20

4. School-Age

- State/Territory age definition Kindergarten through 12 years
- Ratio 1:20
- Group size 30

<https://childcareta.acf.hhs.gov/data>

5. If any of the responses above are different for exempt child care centers, describe

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Illinois does not regulate standards for exempt child care centers.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups
  - Whenever children of different ages are combined, the staff/child ratio and maximum group size shall be based on the age of the youngest child in the group.
  - Children may be combined in any of the following ways:
    - Infants, toddlers and two-year-olds may be combined; and/or
    - Two-year-old through five-year-old children may be mixed in any combination; and/or
    - Four-year-old through six-year-old children may be mixed; and/or
    - Children of all ages may be mixed during the first hour and last hour of programs that operate 10 or more hours.

b) Licensed Group Child Care Homes:

1. Infant
  - State/Territory age definition “Infant” means a child through 12 months of age
  - Ratio See below
  - Group size See below
2. Toddler
  - State/Territory age definition NA
  - Ratio See below
  - Group size See below
3. Preschool
  - State/Territory age definition “Preschool age” means children under 5 years of age and 5 year old children who do not attend full day kindergarten
  - Ratio See below
  - Group size See below
4. School-Age
  - State/Territory age definition “School age” means children from 6 to 12 years of age and 5 year olds who are enrolled in full day kindergarten.
  - Ratio See below
  - Group size See below

**DCFS Part 408 Licensing Standards for Group Day Care Homes**

**RATIOS & GROUP SIZE**

A.) A caregiver alone:

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 the children are school age. The maximum number includes the caregiver’s own children, related children and unrelated children under age 12 living in the home. A

caregiver alone may care for children in accordance with the following age groupings:

- 1) A mixed age group consisting of:
  - a. Up to 8 children under 12 years of age, of which
  - b. Up to 5 children may be under 5 years of age, of which
  - c. Up to 3 children may be under 24 months of age; or
- 2) A mixed age group consisting of:
  - a. Up to 8 children under 12 years of age, of which
  - b. Up to 6 children may be under 5 years of age, of which
  - c. Up to 2 children may be under 30 months of age; or
- 3) Up to 8 pre-school children if no child is under age 3; or
- 4) Up to 12 school age children

B.) A caregiver and an assistant 18 years of age or older

The maximum number of children under the age of 12 cared for in a group day care home by a caregiver and an assistant shall be 12 except when extended capacity is considered under condition in Section 408.65(c). The maximum number includes the caregiver's own children and unrelated children under age 12 living in the home. The caregiver and assistant 18 years of age or older may care for children in accordance with the following age groupings:

- 1) 12 children between 3 and 6 years of age. The assistant must be present when more than 8 children are present; or
- 2) No more than 12 children under 12 years of age of which no more than 6 children may be under 30 months of age, if which no more than 4 children may be under 15 months of age.

<http://www.ilga.gov/commission/jcar/admincode/089/089004080000650R.html>

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

See the response to 5.1.4 b) 4

6. If any of the responses above are different for exempt group child care homes, describe **Not Applicable – All group child care homes are licensed.**

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the Child-

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to-Provider ratio or group size  , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day **SEE BELOW FOR RESPONSES**

**DCFS Part 406 Licensing Standards for Day Care Homes**

a) The maximum number of children under the age of 12 cared for in a day care home by a caregiver alone shall be 8. The maximum number includes the caregiver's own children, related children and unrelated children under age 12 living in the home.

b) A Caregiver Alone. A caregiver alone may care for:

1) A mixed age group consisting of:

A) Up to 8 children under the age of 12, of which

B) Up to 5 children may be under the age of 5, of which

C) Up to 3 children may be under 24 months of age.

2) A mixed age group consisting of:

A) Up to 8 children under the age of 12, of which

B) Up to 6 children may be under the age of 5, of which

C) Up to 2 children may be under 30 months of age.

3) A school age group consisting of 8 school age children, as defined in Section 406.2.

c) Caregiver and an Assistant under 18 Years of Age

1) A caregiver and an assistant under age 18 may care for:

A) One of the groupings in subsection (b) and 4 additional children who are attending school full-time; or

B) A total of 8 children under 5 years of age, of which up to 5 children may be under 24 months of age.

2) When a licensee or permit holder has been granted the extended 4 school-age capacity addendum in writing, a caregiver's own full-time school age children may be counted in the additional 4 school-age children provided that when there are more than 8 children in care, a qualified assistant is present.

3) Care provided for the additional before and after school children is limited to children who attend school full-time and to before and/or after school, holidays, weekends, during unforeseen school closings, when the provider's own children come home sick, and during the summer.

d) A Caregiver and an Assistant 18 Years of Age or Older

1) A caregiver and an assistant 18 years of age or older may care for:

A) The groupings in subsection (b), and 4 additional children who are attending school full-time; or

B) Eight children under 5 years of age, of which up to 5 children may be under 24 months of age, and 4 additional children who are attending school full-time.

2) When a licensee or permit holder has been granted the extended 4 school-age capacity addendum in writing, a caregiver's own full-time

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school age children shall be counted in the additional 4 school-age children provided that, when there are more than 8 children in care, a qualified assistant is present.

3) Care provided for the additional before and after school children is limited to children who attend school full-time and to before and/or after school, holidays, weekends, during unforeseen school closings, when the provider's own children come home sick, and during the summer.

e) The maximum number of children receiving night care shall be 8 children and the groupings shall be consistent with subsections (b) and (c).

f) Any children under age 12 living in the home who are receiving home schooling shall be counted in the maximum of 8 children in subsections (b), (c), and (d), unless another parent or caregiver is providing the schooling apart from the day care area and the caregiver has no responsibility for care or supervision or schooling of the children during the hours home day care is provided.

g) In the event of a brief unforeseen school closing, the caregiver may accept one additional school-age child and still be considered in compliance with the capacity requirements, as long as the total number of children under age 12 in the home does not exceed the maximum of 12 children. The caregiver shall maintain a record of the dates, names and ages of the children for whom this care was provided.

<http://www.ilga.gov/commission/jcar/admincode/089/089004060000130R.htm>  
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2. If any of the responses above are different for exempt family child care home providers, describe: For the Lead Agency a license exempt home may care for all of the children from a single household. A household shall be comprised of the adults who have child(ren) in common, the child(ren) those adults have in common and the other child(ren) of each such adult who reside together. When adults, other than spouses, reside together and do not have a child in common, each adult along with his or her child will be considered a separate household. This is a more stringent policy adopted by the Lead Agency - a license exempt day care home provider may care for 3 children or may care for all of the children from a single household.

d) Any other eligible CCDF provider categories: NA

Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the child-to-provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

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a) Licensed Center-Based Care:

1. Infant lead

teacher <ftp://www.ilga.gov/JCAR/AdminCode/089/089004070D01400R.html>

**Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers**

a) Early childhood teachers and school-age workers shall be at least 19 years of age.

b) Early childhood teachers and school-age workers shall have a high school diploma or equivalency certificate (GED).

c) In addition to meeting the requirements of Section 407.100, the early childhood teacher responsible for a group of children that includes infants, toddler or preschool-age children shall have achieved:

1) Sixty semester hours (or 90 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or

2) One year (1560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and 30 semester hours (or 45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or

3) Completion of credentialing programs approved by the Department in accordance with Appendix G of the DCFS Day Care Licensing Standards.

and assistant teacher qualifications

<ftp://www.ilga.gov/JCAR/AdminCode/089/089004070D01500R.html>

**Section 407.150 Qualifications for Early Childhood Assistants and School-age Worker Assistants**

a) Early childhood assistants shall meet the requirements of Section 407.100, with the exception of subsection (b).

b) Early childhood and school-age assistants shall have a high school diploma or equivalency certificate (GED).

c) Early childhood assistants shall work under the direct supervision of an early childhood teacher or school-age worker and shall not assume full responsibility for a group of children, except as allowed by Section 407.190(e)(2).

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d) School-age assistants shall work under the direct supervision of a school-age worker and shall not assume full responsibility for a group of children, except as allowed by Section 407.90(e)(2).

2. Toddler lead teacher *see above* and assistant teacher qualifications *see above*
3. Preschool lead teacher *see above* and assistant teacher qualifications *see above*
4. School-Age lead teacher *see above*; and in addition: **Section 204.140 continues:**
  - d) School-age workers shall be at least 19 years of age and at least five years older than the oldest child with whom they work.
  - e) In addition to meeting the requirements of Section 407.100, the newly employed school-age worker responsible for a group of school-age children shall have achieved:
    - 1) Thirty semester hours (or 45 quarter hours) of credit from an accredited college or university with six semester hours (or nine quarter hours) related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; or
    - 2) 1560 clock hours of experience in a recreational program or licensed day care center serving school-age children or a license exempt school-age child care program operated by a public or private school, and six semester hours (or nine quarter hours) of credit from an accredited college or university related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; or
    - 3) A high school diploma or equivalency certificate plus 3120 clock hours of experience in a recreational program, kindergarten, or licensed day care center serving school-age children or a license exempt school-age child care program operated by a public or private school.

and assistant teacher qualifications *see above*

5. Director qualifications:

<ftp://www.ilga.gov/JCAR/AdminCode/089/089004070D01300R.html>

**Section 407.130 Qualifications for Child Care Director**

a) Day care centers licensed for more than 50 children shall employ a full-time child care director to be on site in a non-teaching capacity. The director may be on site in a teaching capacity at the following times:

- 1) During the first hour and last hour of a program that operates 10 or more hours per day; or
- 2) When attendance falls below 50 children.

b) Day care centers licensed for 50 or fewer children, or half-day programs with children attending no more than 3 consecutive hours per day regardless of capacity, may employ a child care director who also serves as a member of the child care staff.

- 1) When the director serves in both capacities, he or she must meet the qualifications of both the director position and the teaching position.

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2) When the director attends to non-teaching responsibilities, his or her group must be supervised by a person qualified to be in charge of the group.

c) The child care director shall be at least 21 years of age.

d) The child care director shall have a high school diploma or equivalency certificate (GED).

e) In addition to meeting the requirements of Section 407.100, the child care director of a facility serving the same number of groups of pre-school and school-age children or more groups of pre-school children than groups of school-age children shall have achieved:

1) Sixty semester or 90 quarter hours of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related directly to child care and/or child development from birth to age 6; or

2) Two years (3120 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center, 30 semester or 45 quarter hours of college credits with 10 semester or 15 quarter hours in courses related directly to child care and/or child development, and proof of enrollment in an accredited college or university until 2 years of college credit have been achieved. A total of 18 semester or 27 quarter hours in courses related directly to child care and/or child development is required to be obtained within the total 2 years of college credits; or

3) Completion of a credentialing program approved in accordance with Appendix G of this Part, completion of 12 semester or 18 quarter hours in courses related to child care and/or child development from birth to age 6 at an accredited college or university, and 2 years (3120 clock hours) child development experience in a nursery school, kindergarten or licensed day care center.

f) In addition to meeting the requirements of Section 407.100, the child care director of a facility serving more groups of school-age children than groups of pre-school children shall have achieved:

1) Sixty semester or 90 quarter hours of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children; or

2) Two years (3120 clock hours) of child development experience in a recreational program, kindergarten, or licensed day care center serving school-age children, or license exempt school-age child care program operated by a public or private school, 30 semester or 45 quarter hours of college credits with 10 semester or 15 quarter hours in courses related directly to child care and/or

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child development, elementary education, physical education, recreation, camping or other related fields, and proof of enrollment in an accredited college or university until 2 years of college credit have been achieved. A total of 18 semester or 27 quarter hours in courses related directly to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children, is required to be obtained within the total 2 years of college credits.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

<ftp://www.ilga.gov/JCAR/AdminCode/089/089004080000450R.html>

**Section 408.45 Caregivers**

c) The caregivers in a group day care home shall be at least 21 years of age.

d) The caregivers shall have a high school diploma or equivalency certificate.

e) In addition to meeting the requirements of Sections 408.35 and 408.40 the caregiver in a group day home shall have achieved:

1) One year (1560 clock hours) child development experience in a licensed day care home, nursery school, kindergarten, or licensed day care center plus 6 semester or equivalent quarter hours in courses related directly to child care and/or child development from an accredited college or university;

2) One year (30 semester hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development; or

3) Completion of a credentialing program approved in accordance with Appendix F of this Part.

and assistant

qualifications <ftp://www.ilga.gov/JCAR/AdminCode/089/089004080000500R.html>

**Section 408.50 Child Care Assistants**

b) Part-time assistants shall be at least 14 years of age and 5 years older than the oldest child they supervise. Minor assistants shall be employed in accordance with 56 Ill. Adm. Code 250 (Illinois Child Labor Law).

c) Full-time assistants shall be at least 18 years of age.

2. Toddler lead teacher *see above* and assistant qualifications *see above*

3. Preschool lead teacher *see above* and assistant qualifications *see above*

4. School-Age lead teacher *see above* and assistant qualifications *see above*

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

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

**Section 406.9 Characteristics and Qualifications of the Day Care Family**

k) The caregivers in a day care home shall be at least 18 years of age.

l) Caregivers licensed after January 1, 2011 shall have proof of a high school diploma or equivalent certificate.

d) Other eligible CCDF provider qualifications

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available

**X** No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **9-30-17**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **substantially implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **licensing standards and policy are already in place**
  - Unmet requirement - Identify the requirement(s) to be implemented **revision of application**
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **revise application, system updates**
    - Projected start date for each activity **current**
    - Projected end date for each activity **9-30-17**
    - Agency – Who is responsible for complete implementation of this activity **Lead Agency**
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department of Children and Family Services**

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with Caring for our Children Basics for best practices and recommended time needed to address these training requirements.

- Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that

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address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements \_\_\_\_\_

**X** No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**9-30-17**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **partially implemented**
  - Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented **Trainings have been developed that will meet pre-service (prior to initial service) and ongoing (annual) training hour requirements for both licensed and license-exempt providers. Illinois has a professional development registry that collects individual practitioner training completion and membership is required for practitioners working with children in licensed settings.**
  - Unmet requirement - Identify the requirement(s) to be implemented **coordinate health and safety rule revisions with DCFS; establish time frames for completion of training for licensed and license-exempt providers; develop tracking mechanisms to record and verify specific health and safety completed trainings; implement training requirements into CCAP application process for all providers**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **1.) Coordinate health and safety rule revisions with DCFS 2.) Develop processes to ensure training of every CCAP provider 3.) Determine method to track all completed & required trainings (systems)**

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4.) Train CCR&R staff on new requirements and verification/ processing 5.) Communicate training requirements to CCAP Providers and work with providers to access training

- Projected start date for each activity Current and on-going
- Projected end date for each activity 9-30-17
- Agency – Who is responsible for complete implementation of this activity Lead Agency
- Partners – Who is the responsible agency partnering with to complete implementation of this activity Department of Children and Family Services; CCR&Rs; INCCRRA

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

**X** Nutrition (including age appropriate feeding). Describe Nutrition, sanitation, food storage and preparation, and age appropriate feeding are addressed in the following DCFS Day Care Licensing Standards: Section 407.330 Nutrition and Meal Service; 406.17 Nutrition and Meals; and Section 408.80 Nutrition and Meals

**X** Access to physical activity. Describe Active play is addressed in the following DCFS Day Care Licensing Standards: Section 407.200 Program Requirements for All Ages; Section 406.16 Activity Requirements; and Section 408.85 Program

**X** Screen time. Describe DCFS Licensing Standards for Day Care Centers, Section 407.200, includes requirements for limiting screen time.

**X** Caring for children with special needs. Describe DCFS Licensing Standards for Day Care settings require successful completion of a basic training course of 6 or more clock hours on providing care to children with disabilities that has been approved by the Department (DCFS); and have program requirements for serving children with special needs.

- Child Care Centers: Centers: program requirements – 407.250(a); 407.270(g); & 407.310(k); and training – 407.100c & 407.130k
- Group Child Care Homes: program requirements - 408.100; and training - 408.35 (o)
- Family child care home: program requirements - 406.20; and training - 406.9(p)

**X** Recognition and reporting of child abuse and neglect. Describe DCFS Licensing Standards for Day Care settings require (1) all staff and caregivers to successfully complete the Department’s online Mandated Reporter Training within 30 days of hire; and (2) to immediately report suspected child abuse and neglect to the Child Abuse/Neglect Hotline. In addition, family child care providers and group child care home providers sign statements certifying that they are Mandated Reporters of Child Abuse/Neglect.

- Child Care Centers: Required in the first year of employment 407.100 (c), 6 complete online Mandated Reporter Training within 30 days of hire; and 407.70(j) requires centers to report suspected child abuse/neglect immediately to the CA/N Hotline.

- For Group Home Child Care: DCFS Mandated Reporter training is required before an individual can apply for a license— reporting 408.120 (e); mandated reporter statement 408.120 (k); training – 408.25 (a) (5) (C)
- Family Child Care Providers: DCFS Mandated Reporter training required before an individual can apply for a license--406.7(a)(5)(C); 406.24(l) requires reporting; statement 406.24(m)

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children’s health and safety. Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. \_\_\_\_\_

Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_

No, relatives are not exempt from CCDF health and safety training requirements.

## 5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
9-30-17

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **partially implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **Department of Children and Family Services; Subchapter D: Licensing Administration; Part 383 Licensing Enforcement**  
<ftp://www.ilga.gov/JCAR/AdminCode/089/08900383sections.html>
  - Unmet requirement - Identify the requirement(s) to be implemented **Revise CCAP application to include self-certification of 10 health and safety requirements/standards**
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **Revise the application and system updates**
    - Projected start date for each activity **Current and ongoing**
    - Projected end date for each activity **9-30-17**
    - Agency – Who is responsible for complete implementation of this activity **Lead Agency**
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity **DCFS**

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

**a) Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. (658E(c)(2)(K)(i)(I))

**X** Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address

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training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: **the Illinois Department of Central Management Services is the personnel agency for the State of Illinois. An official job description with required qualifications exists for the Day Care Licensing Representative positions. Individuals who apply for these jobs must meet the requirements. Once hired individuals receive on-the-job training from their supervisors and must pass tests on the licensing standards for child care centers, family child care homes, group child care homes, and the Child Care Act. These individuals are not assigned a case load until they have successfully passed these tests and completed on-the-job training.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - Projected start date for each activity
    - Projected end date for each activity
    - Agency – Who is responsible for complete implementation of this activity
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity

**b) Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance

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with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

**Section 383.25 Monitoring Visits to Licensed Facilities**

a) Licensing representatives of the Department or supervising agency shall visit the program or facility for the purpose of determining its continued compliance with the Child Care Act and licensing standards or compliance with a protective plan or corrective plan. Monitoring visits may be announced or unannounced during the hours of operation, whether or not children are currently present or in care.

b) Monitoring visits for day care homes shall be conducted at least annually by a licensing representative from the supervising agency and more frequently when conditions in the home warrant.

c) Monitoring visits for child care institutions, secure child care facilities, maternity centers, child welfare agencies, day care agencies, group homes, day care centers, group day care homes, youth emergency shelters and youth transitional housing programs shall be conducted at least annually by a Department licensing representative and more frequently when conditions in the facility warrant.

d) Monitoring visits shall be more frequent for permit holders or conditional or provisional license holders.

e) The licensing representative shall document observations made during the monitoring visit. The licensing representative shall notify the licensee or permit holder, in writing, of the violations noted, if any, and any required follow-up actions (e.g., corrective plan), and shall offer a supervisory review.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

**c) Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: \_\_\_\_\_

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) **11-19-17**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started,

partially implemented, substantially implemented, other)

**recommendations received and plan development under way**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented **hire and train inspectors to inspect/monitor license-exempt child care providers and facilities according to health and safety requirements**
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **DHS will work with DCEO to ascertain Workforce Investment and Opportunity Act funds to develop a training and employment program for CCAP monitors. DCFS will conduct inspections/monitoring visits on licensed providers. DHS will do so on license-exempt providers. Duties include: 1) define qualifications of the inspectors and training requirements to meet federal requirements; 2) build training program around these requirements; 3) modify Gateways scholarships to support a career pathway for monitors; 4) explore modifying IES system to incorporate a child care component to better track; 5) work with DCFS to ensure all standards and training requirements for licensed and license-exempt inspectors are consistent.**
    - Projected start date for each activity **current and ongoing**
    - Projected end date for each activity **11-19-17**
  - Agency – Who is responsible for complete implementation of this activity **Lead Agency**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity **DCEO, DCFS, INCCRRA**

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers

and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: \_\_\_\_\_

**X** No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
**11-19-17**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented **determine appropriate ratio of licensing representatives and health/safety monitors to child care providers**
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **Work with DCFS, DCEO and use the federal monitoring calculator as a resource to ensure adequate ratio is implemented and in place**
      - Projected start date for each activity **current and ongoing**
      - Projected end date for each activity **11-19-17**
    - Agency – Who is responsible for complete implementation of this activity **Lead Agency**
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity **DCFS, DCEO**

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

**X** Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s): (325 ILCS 5/) Abused and Neglected Child Reporting Act  
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?actid=1460&chapact=325%26nbs>

[p%3bilcs%26nbsp%3b5/&chapterid=32&chaptername=children&actname=abus ed%2band%2bneglected%2bchild%2breporting%2bact](http://p%3bilcs%26nbsp%3b5/&chapterid=32&chaptername=children&actname=abus ed%2band%2bneglected%2bchild%2breporting%2bact)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2? **TO BE DETERMINED AS NOTED IN SECTION 5.1.2**

Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

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- Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_

No, relatives are not exempt from inspection requirements.

### **5.3 Criminal Background Checks**

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific

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disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory’s requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency’s rules \_\_\_\_\_ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) **9-30-17**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **substantially implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **The State currently conducts criminal background checks on all child care providers and their staff members, except Relative caregivers. This includes (1) a search of the State criminal and sex offender registry or repository in the State where the child care staff member resides (2) a search of State-based child abuse and neglect registries and databases in the State where the child care staff member resides (3) a search of the National Crime Information Center; (4) a Federal Bureau of Investigation fingerprint check using the Integrated Automated**

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Fingerprint Identification System; and (5) a search of the National Sex Offender Registry

- Unmet requirement - Identify the requirement(s) to be implemented Although the State allows you to challenge background check findings, there is no formal appeals process as described in the CCDBG Act; and legal guidance is needed on two disqualifying offenses 1.) Spousal abuse 2.)Arson Process yet to be determined and implemented is the process for interstate child abuse and neglect checks.
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1.) Work with DCFS to determine a formal appeals process 2.) seek legal guidance on qualifying offenses 3.)Research what other states are doing with Child Abuse & Neglect (CAN) requests
    - Projected start date for each activity current and on-going
    - Projected end date for each activity 9-30-17
    - Agency – Who is responsible for complete implementation of this activity Lead Agency
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity Department of Children and Family Services

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

As a condition of eligibility to receive a state subsidy for providing child care services to eligible families, all required license exempt child care providers, shall complete and sign authorizations for a State and Federal Bureau of Investigation fingerprint-based criminal history record check and submit to fingerprinting, if required, to determine if the child care provider has prior criminal convictions or pending criminal charges. A copy of the criminal history record check shall be provided to the subject of the criminal history record. Any information concerning convictions is confidential and may not be transmitted outside the Department or to anyone within the Department except as needed for the purposes of determining participation in the child care assistance program.

Any employee of the Department of Children and Family Services, the Department of Human Services, a Child Care Resource and Referral Agency, the Illinois State Police, or a child care facility receiving confidential information under this Section who gives or causes to be given any confidential information concerning any criminal conviction or child abuse or neglect information of a child care facility applicant or child care facility employee shall be guilty of a Class A misdemeanor unless release of such information is authorized by Sections 4.1 and 4.3 of

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the Child Care Act of 1969. [225 ILCS 10/4.1 and 4.3]

Personally identifying information about individuals is subject to the confidentiality provision of federal and state statutes, rules and regulations, including 42 CFR 431.300 *et seq.*, 305 ILCS 5/11-9, 305 ILCS 5/11-10, 305 ILCS 5/11-12, 89 Ill Adm. Code 10.230, 42 U.S.C. & 1396a(a)(7), 7 U.S.C. 2020(e)(8), 7 CFR 272.1(c), 42 U.S.C. 602(a)(1)(A)(iv) and 45 CFR 205.50. In addition, the Lead Agency and the Department of Children and Family Services agree to comply with, to require their contractors (if any) to comply with and to protect the confidentiality of the information consistent with the Health Insurance Portability and Accountability Act (HIPPA), to the extent that each Party's function and records are covered by HIPPA and the regulations promulgated there under (45 CFR Part 160 and 164).

Any person who fails to provide written authorization for a background check pursuant to this part shall be disqualified from participating in the child care assistance program. Address of respective agencies to Challenge a Background Check are included in policy.

Time Frame for Submitting Authorization for Background Check and Fingerprints: Providers and Household Members must complete and return to the CCR&R Agency an Authorization for Background Check Form within 10 business days.

For individuals requiring criminal history check through fingerprinting letters containing fingerprint instructions are sent. Individuals have 21 business days to be fingerprinted.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states.

In accordance with the Uniform Conviction Act (UCIA) of 1991, which mandates that all criminal history record convictions information collected and maintained by Illinois State Police, Bureau of Identification, be made available to the public pursuant to 20 ILCS 2635/1 *et seq.* This law permits only conviction information to be disseminated to the public. All requests for UCIA information must be submitted on a Conviction Information Request form. These forms are available from the Bureau of Identification. Each form has a unique processing control number. Consequently, copies cannot be processed. All inquiries must be submitted on an original form. There are two types of Conviction Information Request forms which can be used to request UCIA information. These forms include a non-fingerprint request form and a fingerprint request form.

License Exempt providers must authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. The License Exempt provider must further consent to the release of this information to an identified requesting agency by completing the Child Welfare Agency's The Illinois Department of Children and Family Services Form.

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes. Describe The Illinois Department of Children and Family Services – The Lead Child Welfare Agency describes the review process for licensed programs in its statutes and

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rule . The facility must verify that the criminal offense meets the conditions and request that the individual be cleared with a history, or in cases where the offense is subject to a waiver, the employer requests the waiver and submits documentation that the mitigating circumstances are such that they feel a waiver would be appropriate to allow the individual to be employed as their history did not constitute or is no longer thought to be a risk to children.

For such individuals employed by a child care facility who have been convicted of an offense described in subsection (b) which includes felony drug offenses, provided that all of the following requirements are met the following applies:

- 1) The relevant criminal offense or offenses occurred more than 5 years prior to the date of application or renewal, except for drug offenses. The relevant drug offense must have occurred more than 10 years prior to the date of application or renewal, unless the applicant or prospective employee has passed a drug test, arranged and paid for by the child care facility, no less than 5 years after the offense;
- 2) The Department must conduct a background check and assess all convictions and recommendations of the child care facility in accordance with Section 385.60(d), (e) and (f) and determine if a waiver is applicable in accordance with subsection (d)(1);
- 3) The applicant meets all other requirements and qualifications to obtain a license to operate the pertinent type of child care facility. [225 ILCS 10/4.2(b-2)]

The Lead Agency (DHS) does not have review process for License-exempt facilities

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

Yes. Describe In addition, Illinois disqualifies any person subject to background checks that has been has been convicted of committing or attempting to commit

Offenses Affecting Public Health Safety, and Decency:

- Felony unlawful use of weapons
- Aggravated discharge of a firearm
- Reckless discharge of a firearm
- Unlawful use of metal piercing bullets
- Unlawful sale or delivery of firearms on the premises of any school
- Disarming a police officer
- Obstructing justice
- Concealing or aiding a fugitive
- Armed violence
- Felony contributing to the criminal delinquency of a juvenile

In addition to any other provision of this Section, for applicants with access to confidential

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financial information or who submit documentation to support billing, no applicant whose initial application was considered after July 31, 2012 may receive a license from the Department or a child care facility licensed by the Department who has been convicted of committing or attempting to commit any of the following felony offenses:

- 1) financial institution fraud under Section 17-10.6 of the Criminal Code of 2012;
- 2) identity theft under Section 16-30 of the Criminal Code of 2012;
- 3) financial exploitation of an elderly person or a person with a disability under Section 17-56 of the Criminal Code of 2012;
- 4) computer tampering under Section 17-51 of the Criminal Code of 2012
- 5) aggravated computer tampering under Section 17-52 of the Criminal Code of 2012;
- 6) computer fraud under Section 17-50 of the Criminal Code of 2012;
- 7) deceptive practices under Section 17-1 of the Criminal Code of 2012;
- 8) forgery under Section 17-3 of the Criminal Code of 2012;
- 9) State benefits fraud under Section 17-6 of the Criminal Code of 2012;
- 10) mail fraud and wire fraud under Section 17-24 of the Criminal Code of 2012;
- 11) theft under Section 16-1(1.1) through (11) of the Criminal Code of 2012. [225 ILCS 10.4.2(b-1.5)]

No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements. **Fingerprinted criminal background checks**

Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all).\_\_\_\_\_

No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3<sup>rd</sup> party vendor or contractor. Lead Agencies can report that no fees are charged if applicable.

**There is no charge to any person subject to background checks. Illinois currently absorbs the full cost of the background check.**

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue

**Child Care Policy Manual and rule: The Lead Agency's background check policies are currently published on Child Care Assistance Program Child Care Program Manual Website, and the Illinois**

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Administrative Code at: <http://www.dhs.state.il.us/page.aspx?item=47400> and <http://www.ilga.gov/commission/jcar/admincode/089/089000500D04300R.html>, respectively.

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data \_\_\_\_\_

No

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to

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requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

### **6.1 Training and Professional Development Requirements**

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

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- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
  - d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
  - e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply. Anne tweak

State/Territory professional standards and competencies. Describe **Public Act 096-0864 gives the Lead Agency the authority to operate Gateways to Opportunity: IL Professional Development System and to award the following credentials: Illinois Director Credential; ECE Credential; Infant Toddler Credential; School Age and Youth Development Credential. In addition, the following credentials have also been developed: Family Child Care Credential; Family Support Specialist Credential; and Technical Assistant Credential.**

Career ladder or lattice. Describe **The Gateways to Opportunity Career Lattice has six levels and includes the following credentials: Illinois Director Credential; the ECE Credential; Infant Toddler Credential; School Age and Youth Development Credential**

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe **There are some articulation agreements between 2-year and 4-year institutions. The Illinois Articulation Initiative (IAI) has reactivated the IAI-Early Childhood Education Committee. This committee includes representation from the Illinois Community College Board, Illinois Board of Higher Education, and two- and four-year institutions of higher education. They will review curricula at both levels of education and determine which courses will articulate.**

Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe \_\_\_\_\_

Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe **The Lead Agency has been working with INCCRRA in the development of the Gateways to Opportunity Registry. Now that the Registry has over 90,000 members, the Lead Agency will be better able to assess the availability of training and education in all parts of the state.**

Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe **The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity PD System, as well as other PD related activities in IL.**

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Continuing education unit trainings and credit-bearing professional development. 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 and consumer sciences; school age related fields and youth development. A higher education directory can be found at <http://www.ilgateways.com>.

- State-approved trainings. Describe \_\_\_\_\_
- Inclusion in state and/or regional workforce and economic development plans. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Professional Development Advisory Council (PDAC): A co-chair serves on the CCAC. Some members of PDAC are members of the IELC and/or its committees. Work is coordinated between the PDAC and the IELC. PDAC advises the CCDF Lead Agency on issues related to professional development generally and Gateways to Opportunity specifically. INCCRRA: Contracted agency responsible for implementing statewide professional development programs for CCR&R staff and child care providers and quality initiatives.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01>)

The state incorporates early learning guidelines into the statewide child care system. This includes training required for program quality improvement standards, education and training required for professional credentials, requirements for programs in quality improvement standards to implement curriculum/learning activities based on the voluntary early learning guidelines. Training on health and safety and social/emotional mental health is required for professional credentials. In addition Caregiver Connections and Mental Health Consultants focus on responding to the social/emotional needs of children by providing training and consultation to child care providers.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)  
Not applicable

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for

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providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians

Illinois training and professional development requirements are available to and appropriate for all CCDF providers. Members of the Child Care Advisory Council and PDAC represent providers of all classifications. The State also has professional development opportunities accessible for providers of other sectors of the early childhood and school-age field; including, Head Start/Early Head Start, Pre-Kindergarten and Early intervention/special education.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees. 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.**

Financial incentives linked to education attainment and retention. 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 IL DCFS licensed child care centers, group child care homes and family child care homes for attaining higher education and for remaining at their current place of employment.**

Registered apprenticeship programs. Describe \_\_\_\_\_

Outreach to high school (including career and technical) students. Describe **Gateways ECE Credential Level 1 is offered in high schools**

Policies for paid sick leave. Describe \_\_\_\_\_

Policies for paid annual leave. Describe \_\_\_\_\_

Policies for health care benefits. Describe \_\_\_\_\_

Policies for retirement benefits. Describe \_\_\_\_\_

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language **The Lead Agency produces provider communications and notices in English and Spanish. Spanish speakers are available at CCR&Rs and Sites where needed.**

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

Informational materials in non-English languages

Training and technical assistance in non-English languages

CCDF health and safety requirements in non-English languages

- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other \_\_\_\_\_
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages **Spanish**

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory’s training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers \_\_\_\_\_

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **9-30-16**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable **have identified model curriculum for training and technical assistance to providers**
  - Unmet requirement - Identify the requirement(s) to be implemented **Develop online training for providers; CCR&Rs to provide technical assistance to providers**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Work with ISBE to revise ISBE’s McKinney-Vento training for appropriateness with child care providers; 2) Work with Head Start and DHS Homeless Services Program, DHS Policy and DHS local offices (FCRCs) in establishing the referral process for homeless services assistance and participation while receiving CCAP assistance; 3) Establish a liaison position in the DHS Office of Adult Services responsible for referrals and training; 4) Create online training; 5) Train CCR&R staff on provision of technical assistance; and 6) ensure cultural and linguistic appropriateness in training curriculum and resources
  - Projected start date for each activity Current and ongoing
  - Projected end date for each activity 09-30-16
  - Agency – Who is responsible for complete implementation of this activity Lead Agency
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity ISBE; INCCRRA; CCR&Rs; Head Start

## 6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

### 6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory. The Lead Agency tracks the educational level of child care center staff and family child care providers through the Gateways Registry. Non-credit based training is tracked by number of trainings per curricula, number of participants, and number of training hours. Number of Gateways Credentials awarded and renewed are tracked. The Lead Agency tracks Gateways Scholarship Program course work hours and degrees completed. Education levels and advancement to higher levels are tracked for participants in the Great START wage supplement program.

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b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe Quality Set-Aside

Other funds. RTT/ELC

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe The topic is included in training curricula and credential competencies.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe The topic is included in training curricula and credential benchmarks. Additionally, Illinois is collaborating with stakeholders on an expulsion and suspension policy to address systemic issues and to develop strategies and supports to address the needs of families.

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe The topic is included in training curricula and credential competencies.

Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe The topic is included in training curricula and credential competencies.

On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe The topic is included in training curricula and credential competencies.

Using data to guide program evaluation to ensure continuous improvement. Describe The topic is included in training curricula and credential competencies.

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe The topic is included in training curricula and credential competencies.

Caring for and supporting the development of children with disabilities and developmental delays. Describe **The topic is included in training curricula and credential competencies.**

Supporting positive development of school-age children. Describe **The topic is included in training curricula and credential competencies.**

Other. Describe \_\_\_\_\_

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling **Gateways to Opportunity Professional Development Advisors**

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities **Gateways Registry**

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education **Gateways Scholarship Program**

Other. Describe \_\_\_\_\_

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content **No specified hours for pre-service or orientation. If a center serves infants and toddlers, newly hired staff must successfully complete SIDS training and Shaken Baby Syndrome training.**

2) Number of on-going hours and any required areas/content **15 clock hours. No required topics unless center serves infants and toddlers, then staff must successfully complete SIDS and safe sleep training and Shaken Baby Syndrome training every three years.**

- b) Licensed Group Child Care Homes
  - 1) Number of pre-service or orientation hours and any required areas/content **15 clock hours that include the following topics: Sudden Infant Death Syndrome (SIDS); Shaken Baby Syndrome; DCFS-approved Mandated Reporter Training; First Aid and infant/child CPR.**
  - 2) Number of on-going hours and any required areas/content **15 clock hours**
- c) Licensed Family Child Care Provider
  - 1) Number of pre-service or orientation hours and any required areas/content **15 clock hours that include the following topics: Sudden Infant Death Syndrome (SIDS); Shaken Baby Syndrome; DCFS-approved Mandated Reporter Training; First Aid and infant/child CPR.**
  - 2) Number of on-going hours and any required areas/content **15 clock hours**
- d) Any other eligible CCDF provider
  - 1) Number of pre-service or orientation hours and any required areas/content **No requirement**  
  
Number of on-going hours and any required areas/content **No requirement**

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance **Business Administration Scale training for family child care and Program Administration Scale training for child care centers. In addition, CCR&R agencies provide TA/ Consultation and often have business practice trainings for providers. Program management is a standard with requirements in the ExceleRate quality rating and improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential, Family Child Care Credential and School Age and Youth Development Credential.**
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target

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completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

- The State/Territory assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten

- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency **on an as-needed basis**

Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency’s policy citation(s) and describe using 6.3.2 through 6.3.4 below

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_

- Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_

- Projected start date for each activity \_\_\_\_\_

- Projected end date for each activity \_\_\_\_\_

- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_

- Partners – Who is the responsible agency partnering with to complete implement this activity \_\_\_\_\_

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

Birth-to-three. Provide a link <http://isbe.net/earlychi/html/birth-3.htm#elgdlns>

Three-to-Five. Provide a link <http://isbe.net/earlychi/preschool/default.htm#ields>

Birth-to-Five. Provide a link

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link \_\_\_\_\_

Other. Describe

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe **Child care providers receive training on the use of the Illinois early learning guidelines through the Illinois Trainers Network and the ExceleRate Illinois trainings.**

The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe **Technical assistance on the State's early learning guidelines is included in the TA and training available in ExceleRate Illinois.**

Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe

Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

b) Indicate which funds are used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)  
quality and infant/toddler

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **RTT/ELC; TANF; GRF**

6.3.4 Check here  to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)

- 
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
  - 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
  - 4) Improving the supply and quality of child care programs and services for infants and toddlers
  - 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
  - 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
  - 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
  - 8) Supporting providers in the voluntary pursuit of accreditation
  - 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
  - 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

## **7.1 Activities to Improve the Quality of Child Care Services**

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services **The Lead Agency's overarching goal is to work in collaboration with and support providers to embed continuous quality improvement practices within their programs and ensure children receive healthy and safe care as well as care that will help them succeed in school. Quality activities in Illinois are interconnected to provide a coordinated and comprehensive system of supports. These supports assist providers in the quality improvement of their programs and assist practitioners in the workforce with education, credential attainment, training and ongoing professional development. The Lead Agency's efforts are being implemented in collaboration with the Governor's Office of Early Childhood Development, ISBE and Head Start specifically Illinois cross-sector quality rating and improvement system and professional development framework.**

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) quality set-aside

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) RTT/ELC, TANF, GRF

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds infant toddler set aside

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) quality set aside

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality Set Aside

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

- 
- Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

- Supporting accreditation. If checked, respond to 7.7.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) quality set aside
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) RTT/ELC

- Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

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## 7.2 Quality Rating and Improvement System

### 7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available **ExceleRate Illinois is administered by INCCRRA. Key partners include the 16 local CCR&Rs and McCormick Center for Early Childhood Leadership.**

<http://www.excelerateillinois.com>

- Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available \_\_\_\_\_
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Participation is voluntary
- Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) \_\_\_\_\_

Participation is required for all providers

- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS. Describe **Licensing is the first circle of quality**
- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how

these financial options link to responses in Section 4.3 related to higher payment rates tied to quality **Child Care Assistance Program Add-on** Licensed child care providers who care for children on the Child Care Assistance Program (CCAP) and achieve the Silver or Gold Circle of Quality, can receive a quality add-on to the CCAP reimbursement rate for the CCAP children in their program.

Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings

Other. Describe.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

**Current Measures**

- % of licensed child care centers, family child care homes and group homes caring for CCAP children working for higher levels of quality in ExceleRate Illinois
- % of licensed child care centers, family child care homes and group homes caring for CCAP children achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois
- % of CCAP children enrolled in programs that are licensed or at higher levels of quality in ExceleRate Illinois

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### 7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe
- Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe
- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe **Through Illinois' statewide training network several standardized curricula are offered with content specific to the care of infant and toddlers. Infant Toddler Child Care Specialists placed in the CCR&Rs provide the series training, Program for Infant/ Toddler Care (PITC). Gateways professional development system also has the Infant Toddler credential.**
- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe \_\_\_\_\_
- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe **Infant Toddler Child Care Specialists are housed in each CCR&R. They provide consultation, training, and TA to child care providers serving infants and toddlers in their respective SDAs and assist providers in preparing and applying for ExceleRate levels of quality.**
- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe
- Developing infant and toddler components within the State's/Territory's QRIS. Describe **The Infant Toddler Environment Rating Scale is used for program assessment and**

evaluation for centers in ExceleRate. At higher ExceleRate levels, centers are required to have a percentage of infant toddler staff with a Gateways Infant Toddler credential.

- Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe \_\_\_\_\_
- Developing infant and toddler components within the early learning and development guidelines. Describe \_\_\_\_\_

Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe

CCR&Rs provide consumer education and referrals to providers and the ExceleRate Illinois website has information on quality care for parents

Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe

The Caregiver Connections Mental Health Consultants (MHC) provide TA, training and consultation related to infant toddler social/emotional development and mental health to providers and the families they serve.

- Other. Describe

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

**Current Measure**

% of child care providers caring for infants and toddlers achieving, maintain and advancing to higher levels of quality in ExceleRate Illinois

- number of training participants and hours completed
- number of Infant Toddler credentials awarded
- MHC project provider survey on expulsion

**7.4 Child Care Resource & Referral**

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

The Illinois Child Care Resource and Referral System consists of 16 local CCR&R service delivery areas. The Lead Agency contracts with 15 non-profit agencies to deliver CCR&R services. While each agency holds a contract with the Lead Agency, the System is supported by the Illinois Network of Child Care and Resource and Referral Agencies (INCCRRA).

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- State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe \_\_\_\_\_
  - State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

The Lead Agency tracks (1) a number of various parent, provider and community support activities performed by each CCR&R each fiscal year (2) the number of providers in each SDA working for a higher level of quality (3) the number and percentage of child care providers achieving, maintaining and advancing to higher levels of quality is ExceleRate (4) number of training participants and hours completed (5) number of families receiving consumer education and referrals to providers; follow-up adulation with 20% of families

## 7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe

The CCR&Rs and INCCRRA provide various face-to-face and online trainings to assist licensed providers in meeting required specific content training and annual training hours.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

The Lead Agency tracks the number of training participants from licensed programs and training hours completed. Data is tracked also by training title.

## 7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

## 7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation (1) CCR&Rs provide TA on national accreditations and administer grant funds to assist providers in paying for accreditation fees (2) Through the Statewide Accreditation Mentoring (SAM) project, the Lead Agency provides on-site consultation and quality improvement cohorts to assist providers in preparing and applying for accreditation. SAM is administered by the Illinois Association for the Education of Young Children.

Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe \_\_\_\_\_

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory (1) The Lead Agency tracks the number of accredited programs in the State and those participating in ExceleRate Illinois (2) The Lead Agency tracks the number of programs participating in SAM that attain and maintain their accreditation status and achieve an level of quality ExceleRate Illinois.

## 7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

## 7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

## 8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of

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eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly “checking” on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

## 8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. **Once all rules, policies and procedures have been updated to be compliant with the new regulations, an in depth review of the monitoring procedure and tools will be conducted by the Program Integrity Manager. The manager will work with the CCAP Policy and Training managers to ensure all elements have been addressed. Training on the new policies and procedures as well as the revised monitoring tool will be provided to all monitoring staff to ensure that there is a full understanding of the process.**

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

Issue policy change notices

Issue new policy manual

Staff training

Orientations

Onsite training

Online training

Regular check-ins to monitor implementation of the new policies. Describe **Regular check-in to monitor the implementation of policies will be accomplished through automated production reports from the Child Care Assistance Program (CCAP) Child Care Management System (CCMS) as well as field review of contracted sub-recipients. All contracted sub-recipients would be reviewed a minimum of once every three years. Sub-recipients not found to be implementing new policies would be required to follow a corrective action plan which would be closely monitored. Program Integrity Manager will closely review all monitoring reviews to ensure review staff are using the new tool and interpreting the new policies correctly.**

Other. Describe

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other

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governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

**Definition:** “Sub recipient means a non-Federal entity that receives a sub award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A sub recipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

The Lead Agency's Bureau of Child Care and Development staff audit each contractor on-site at least every three years. This is in addition to the new Improper Payment Project review cycle. 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 expenditure reports and make payment recommendations. One designated staff person in the Quality unit completes a spreadsheet, which reflects the payment recommendations and what line item of the contractors' budget the payment should be made from (i.e Eligibility Determination, Quality, and Quality Rating System). Senior Management approval to pay is obtained. Once Senior Management has approved, the Bureau Contract Manager prints the spreadsheet and pays what is recommended. The Contract Manager updates the spreadsheet with the payment amounts entered and forwards them to two additional staff in the Contract unit, allowing for two levels of approval. This prevents the Contract Manager from solely approving payments 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 cooperate with the monitoring review of their records to ensure that services billed to the Department are adequately documented.

Procedures for the 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

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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.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe \_\_\_\_\_

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe \_\_\_\_\_

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

b) Check which activities the Lead Agency has chosen to conduct to 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) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe \_\_\_\_\_

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe \_\_\_\_\_

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00

Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe **The Lead Agency's Bureau of Child Care and Development Program Integrity/Quality Assurance and Policy units oversee actions dealing with overpayment identification and recovery as well as program violation investigations. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments. Providers that fail to follow their repayment plans are sanctioned by not being allowed to participate in the program. Currently, parents are not sanctioned. Correction of errors relating to underpayments or ineligible services is handled through the appeal process, defined in Section 04.04.01 of the Child Care Manual.**

Other. Describe \_\_\_\_\_

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- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines \_\_\_\_\_

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
- Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments. Describe composition of unit below
- Other. Describe **Identified improper payments are referred to Lead Agency's Bureau of Collections.**
- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
- Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments. Describe composition of unit below
- Other. Describe \_\_\_\_\_
- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

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- Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. Describe
  
  - Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. **Payments will not be made to a provider who, after receiving written notification of an outstanding overpayment, fail to establish a repayment plan or is in default of a repayment plan. The provider will not be eligible for any child care payments until the overpayment has been repaid in full or until a repayment plan has been established and the first payment has been received. Providers can submit written documentation to dispute an overpayment which may result in payment modification.**
  
  - Prosecute criminally **Depending on the circumstances and/or amount of the improper payment, a referral may be made to the State Attorney, the State Office of Inspector General or other entities for further investigation and/or Prosecution.**
  
  - Other. Describe **The Lead Agency in Illinois does not sanction parents. However, parents who have been found ineligible to 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 to 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.**