

Child Care and Development Fund (CCDF) Plan For Illinois FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Illinois Department of Human Services

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

City: Springfield

State: Illinois

ZIP Code: 62762

Web Address for Lead Agency: www.dhs.state.il.us

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Grace

Lead Agency Official Last Name: Hou

Title: Secretary

Phone Number: 312-793-1547

Email Address: Grace.Hou@illinois.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Bethany

CCDF Administrator Last Name: Patten

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

Phone Number: 312-793-1594

Email Address: Bethany.Patten@illinois.gov

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

CCDF Co-Administrator First Name: Kisha

CCDF Co-Administrator Last Name: Davis

Title of the CCDF Co-Administrator: Bureau Chief, Subsidy

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

Phone Number: 312-793-4131

Email Address: Kisha.D.Davis@illinois.gov

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

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

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

- A. State or territory

Identify the entity:

The Lead Agency, the Illinois Department of Human Services.

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

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

- C. Other.

Describe:

ii. Sliding-fee scale is set by the:

- A. State or territory

Identify the entity:

The Lead Agency, the Illinois Department of Human Services.

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

- C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

The Lead Agency, the Illinois Department of Human Services.

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

The Illinois Department of Children and Family Services (IDCFS) is the governmental agency responsible for setting the rules and licensing standards for child care programs based on the type of program.

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

The Lead Agency, the Illinois Department of Human Services.

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

The Lead Agency, the Illinois Department of Human Services.

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

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

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

The Lead Agency works in collaboration with the Illinois Department of Children and Family Services (IDCFS) to ensure the health and safety in child care programs and meets on an ongoing basis and ascertain that IDCFS's licensing regulations/standards follow the CCDF regulations. IDCFS sets rules and standards for child care licensing, monitors licensed providers and ensures their compliance with health and safety standards, and is also contracted by the lead agency to coordinate all provider background checks, including those for providers that are exempt from licensing.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Child Care Resource & Referral Agencies are contracted to provide the following services: 1) Administration of the Child Care Assistance Program (CCAP) including but not limited to eligibility determination (initial and redeterminations), updates due to reported case or provider changes, pre-payment entry, and communication with clients and providers in their Service Delivery Areas(SDAs); 2) Assemble and maintain a child care provider database; 3) Provide consumer education and child care referrals to parents/guardians; 4) provide training and technical assistance to child care providers; 5) conduct recruitment and retention activities for child care providers and 6) data collection and analysis on child care supply and demand. The contract includes deliverables, performance standards and performance measures. The CCR&Rs are required to submit an annual budget and program plan; quarterly program and fiscal reports; monthly expenditure reports and are monitored by the Lead Agency once every three years. In addition, the Lead Agency reviews quarterly program data to ensure deliverables are being met. There are contracts with licensed child care centers located throughout the state known as Site Administered Child Care Providers (Sites) who also perform CCAP eligibility determinations and case management for families attending their centers. The City of Chicago Department of Family Support Services (FSS) is also contracted by the lead agency to provide CCAP eligibility determination and case managements for families that utilize one of nearly 200 delegate licensed child care centers located throughout the city. Monitoring is conducted on all these contractors through on-site visits and through the on-going quarterly reports mentioned above. Visits include entry and exit interviews with the contractor's management and a review of a statically significant sampling of CCAP cases to determine case action accuracy as well as other contract required activities. Budgets are submitted and reviewed according to GATA guidelines for all contracted agencies. Contractors are given a draft report of findings as well as corrective actions to address negative findings. The Illinois Department of Children and Family Services is contracted to provide background checks for licensed exempt child care providers. This Agreement delineates the respective roles, responsibilities and resources associated with conducting child abuse, sex offender and criminal history checks of child care providers who are not required to be licensed under the Child Care Act of 1969 and who wish to participate in the IDHS Child Care Assistance Program (CCAP.) As part of the Checks, IDCFS receives Criminal History Record Information (CHRI) from the Illinois State Police (ISP), which is passed on to IDHS to assist in making a determination of eligibility.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Only CCDBG funds are used by contractor (INCCRRA) as per contract deliverables approved by IDHS to provide services for: a) statewide quality improvement and workforce professional development programs for CCDF child care providers, b) supports the work of IDHS contracted child care resource and referral agencies (CCR&Rs), c) develops, maintain, enhances and supports data systems that track data, produces reports requested by IDHS. Software funded by CCDF will be available to other states/agencies to the extent practicable.

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

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

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

may disclose information about child care providers related to CCAP requirements (training, monitoring reports) and information to contact the provider when searching for child care services.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

Consultation

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

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

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

The draft Plan was presented to the Early Learning Council, a public-private partnership created by [Public Act 93-380](#), and to the Child Care Advisory Council, both of which include representatives of general purpose local government. Input was reviewed and incorporated as appropriate. Each of these advisory bodies includes representatives from state and local agencies and general purpose local governments focusing on education, public health, child welfare, etc. Specific examples include but are not limited to: Head Start agencies, Chicago Public Schools, Chicago Department of Family and Support Services, the Illinois State Board of Education (including the McKinney-Vento representative), the Illinois Division of Specialized Care for Children (state's Title V of the Social Security Act agency), Regional Offices of Education, and county and local public health departments.

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

The draft Plan was presented to the Early Learning Council, Illinois' State Advisory Council, prior to final submission. Input was reviewed and incorporated as appropriate.

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

N/A

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

The draft Plan was presented to the Professional Development Advisory Council (which

includes members from Head Start Association and Higher Education) prior to final submission. Input was reviewed and incorporated as appropriate.

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

Reminder:

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

a) Date of the public hearing. May 17, 2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. April 27, 2021

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

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

The Public Hearing announcement was emailed to the Child Care Advisory Council, the Early Learning Council, the Professional Development Advisory Council, Child Care Resource and Referral Agencies, child care providers, and the union representing family child care providers. Also, the Governor's Office of Early Childhood Development email the public hearing announcement to a list of 6,641 individuals (parents, providers, advocates, etc.) across the state. The announcement was also posted to the State's website (<https://www.dhs.state.il.us/page.aspx?item=105776>) which is ADA compliant and in social media platform.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Because of COVID-19 restrictions, the Public Hearing was held via webinar to reach statewide audience.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The content of the Plan was posted in the Lead Agency's website; web and pdf formats.

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

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

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

<https://www.dhs.state.il.us/page.aspx?item=135306>

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

Working with advisory committees.

Describe:

The Lead Agency relies on the Child Care Advisory Council for input, feedback, and recommendations regarding the State Plan and dissemination of the State Plan to members' respective constituencies. The draft plan was shared with the Child Care Advisory Council prior to the public hearing.

Working with child care resource and referral agencies.

Describe:

Child Care Resource and Referral agencies are notified when State Plan amendments and revisions are made to post the announcement in bulletin board located at their agency's lobby.

Providing translation in other languages.

Describe:

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

Describe:

An announcement with a link to access the state plan and amendments are posted in the Child Care Facebook page.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

The draft plan was made available on the Lead Agency's website prior to the Public Hearing at <https://www.dhs.state.il.us/page.aspx?item=105776>

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

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

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

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

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The Child Care Advisory Council (CCAC) is a group of invited stakeholders who assist the Lead Agency by providing input on specific issues, questions, and concerns related to child care. These meetings are held quarterly with the option for more frequent meetings as necessary to meet internal or external deadlines. This committee includes representation from the city, county, and state level, such as representatives from individual county government and county public health departments, as well as representatives from municipal government, such as the City of Chicago Department of

Family and Support Services. Meetings are open to the public with time allocated for public comment. Meeting information is shared on the Lead agency's website along with meeting agendas and materials. The Illinois Early Learning Council is comprised of individuals from the city, county, and state level, including representatives from the City of Chicago Mayor's Office. In addition, the Lead Agency contracts with the Child Care Resource & Referral agencies throughout the state. The CCR&Rs work within their designated service delivery area at the local level - this includes but is not limited to school districts and community leaders. The lead agency participates in meetings with these and other local government stakeholders throughout the year and no less often than quarterly. These and other partners work towards many goals including planning and coordination on how services can be made available to those who need them and how to utilize funding to serve families and coordinate how funding can be used to provide the most comprehensive services that families are eligible for. The list includes but not limited to: Head Start, Chicago Public Schools, Chicago Department of Family and Support Services, and the Illinois State Board of Education, Regional Offices of Education.

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

The Illinois Early Learning Council (IELC) is the state advisory council and its goal is to strengthen, coordinate and expand programs and services for children birth -five throughout the State. The IELC has established committees and each committee sets goals to accomplish their work. As a result, the Early Learning Council provides recommendations for early childhood policy change and program improvement to the Illinois Governor's Office and state agencies involved in early childhood. Information on the IELC committees and their annual report may found at www2.illinois.gov/sites/OECD/EarlyLearningCouncil/pages/default.aspx .The CCDF State Child Care Administrator serves on the IELC and the IELC Executive Council, which meets approximately every other month. CCDF Lead Agency staff participates in various IELC committees which conduct ongoing meetings between Executive Council Meetings.

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

N/A

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

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

The Lead Agency administers the Early Intervention program (Part C of IDEA) and the Illinois State Board of Education (ISBE) administers Part B of IDEA. These offices meet throughout the year with the goal of coordinating efforts and resources for serving families with special needs children including how to best utilize funding and coordinate community-based organizations and programs. As a result, the two agencies are able to craft policies for children with special needs that are aligned and mutually supportive to create a more streamlined system of services for families with children ages birth to five.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Head Start State Collaboration office, housed with the Lead Agency, works to develop, facilitate and enhance partnerships at the federal, state and local levels. These partnerships work together to successfully ensure that comprehensive services are available to meet the needs of low-income families with young children. This includes early care and education, family support, health needs and community building. Collaboration work is done in partnership with internal and external stakeholders through a variety of methods: planning sessions, meetings, aligning systems, needs assessments, and reviewing/revising policy. The targeted result is to have an aligned early care and education system which will provide services for all children. As a result of the collaboration processes described above, Head Start considerations are more integrated into the policy decision-making of the Lead Agency through efforts such as data integration and analysis.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The Lead Agency works with the Illinois Department of Public Health and the Illinois Department of Children & Family Services as needed due to current projects and with the goal of resolving to resolve both on-going issues and to address changes needed due to the CCDBG reauthorization, such as providing immunization grace periods in licensed child care programs for children experiencing homelessness. As a result of these content-based and project-based collaborations, the Lead Agency has been able to take holistically informed steps toward improving policies surrounding immunization grace periods, for instance, in order to meet federal requirements.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

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 lead agency coordinates with these agencies throughout the year with a goal of reducing barriers to employment for families receiving benefits. Enhancing child care referrals and matching families with employment opportunities with contracted agencies are some of the methods used in this effort. The result of this coordination has been increased referral capacity and increased supports for families to access a broader array of social safety net services.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Illinois State Board of Education (ISBE) is responsible for public education, including prekindergarten. The Lead Agency and ISBE work in coordination to implement use of the Illinois Early Learning Development Standards (IELDS) and the Illinois Early Learning Guidelines (IELG) in child care settings. Additionally, representatives from the Illinois State Board of Education are members of the Illinois Early Council and the Child Care Advisory Council and work collaboratively with the efforts of the councils and the Lead Agency to enhance the comprehensive early learning care system throughout the state. The result of this coordination is more cohesive implementation of the IELDS and IELG in child care settings, both community- and school-based.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The Lead Agency works in collaboration with Illinois Department of Children & Family Services (IDCFS) to maintain health and safety licensing standards for licensed provider types throughout the state. The Lead Agency participates as a member of the Child Day Care Licensing Advisory Council that meets throughout the year. Additionally, representation of IDCFS are on the Illinois Early Council and the Child Care Advisory Council that meets on an ongoing basis. Goals of this work include ensuring that Illinois Department of Children & Family Services' licensing regulations follow the new CCDBG regulations. Illinois Department of Children & Family Services is also contracted by the lead agency to coordinate all provider background checks, including those for providers that are exempt from licensing. The result of this coordination is compliance with CCDBG regulations and consistency across licensing and monitoring requirements for different types of child care providers.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

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

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The Lead Agency coordinates with McKinney-Vento state coordinator (ISBE) on serving families experiencing homelessness. The McKinney-Vento state coordinator is a member of the Child Care Advisory Council with the goal of reducing barriers to child care services for children experiencing homelessness. The result of this coordination is

greater representation of issues affecting children experiencing homelessness on the Lead Agency's advisory council, and greater expertise in council discussions regarding potential policy changes to better support children experiencing homelessness.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The Lead Agency for CCDF is also the lead agency for TANF. The Child Care Assistance Program coordinates with the TANF office as needed to ensure that information on clients that are participating in both programs is coordinated to ensure needed services are available and appropriate with the goal of family self-sufficiency. CCAP uses a substantial amount of TANF funding so many policies of the two programs are developed with coordination in mind, including setting a new exit income level for child care assistance based on TANF income guidelines to ensure TANF funding can still be used. As a result of this coordination, Lead Agency child care staff are better informed about TANF policies, and Lead Agency TANF staff are better informed about child care policies, which promotes improved service delivery and access to services for clients.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

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

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The Lead Agency is responsible for Mental Health services. The Lead Agency contracts with grantees to administer the Caregiver Connections Early Childhood Mental Health Consultant (ECMHC) program. ECMHCs are assigned to a specific geographical service delivery area and provide technical assistance, training and consultation to child care providers related to the social/emotional development of children, birth to age five, in their care. Services are available throughout the state. Currently, the Lead Agency is

working in partnership with the Governor's Office of Early Childhood to expand the ECMHC program in Illinois. The result will be an increased workforce of ECMHC to serve early care and education practitioners.

xv. [Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

Contracted agencies (Child Care Resource and Referral agencies - CCR&Rs- as well as the Illinois Network of Child Care Resource and Referral Agencies -(INCCRRA) are responsible for implementing CCAP and Quality programs for child care providers, parents and communities. This includes services such as: consumer education and child care referrals for parents; training and technical assistance for providers and grants for child care providers. The CCR&Rs are permanent and locally adaptable structures through which public and private groups can work together to enhance and improve the accessibility, quality and availability of child care and coordinate diverse child care activities in each regional community in Illinois. The Lead Agency contracts with these entities to meet these goals, and as a result, families are able to access information about child care in their areas and providers are able to access quality improvement training that supports their operations and services.

xvi. [Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\). Describe the coordination goals, processes, and results:](#)

The Lead Agency contracts with the Illinois Afterschool Network (IAN)to offer professional development activities for child care practitioners who serve children kindergarten age through 13 years of age. These activities will include content of general school age interest and current best practice, comprehensive services for low-income families, program management, and collaboration topics and address health and safety topics. Professional development opportunities will be planned based on the result of an annual training needs assesement. During SFY21, IAN moved to a virtual platform for the professional development opportunities. This resulted in an increased involvement. IAN intends to continue the virtual platform. The desired result is to increase the knowledge and leadership for the school age field.

xvii. [Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:](#)

The Lead Agency coordinates with a variety of stakeholders to develop and implement the Child Care Statewide Emergency Preparedness Plan. Stakeholders include but are not limited to the Illinois Emergency Management Agency (), the Illinois Department of Public Health, the Illinois Department of Human Services, the Illinois Network of Child Care Resource and Referral Agencies, local Child Care Resource & Referral Agencies, American Red Cross and the Governor's Office of Early Childhood. The purpose of the taskforce is review and revise the statewide plan with the ultimate goal of ensuring the state and its citizens, including child care providers, are better prepared to deal with natural, manmade, and technological disasters, hazards, or acts of terrorism. The taskforce meets at least annually and is coordinated by Lead Agency staff. Training for child care practitioners on the Statewide plan is available through the i-learning site, <https://courses.inccrra.org/mod/resource/view.php?id=13644> . The result of this coordinated approach to emergency management and response is a statewide plan that is responsive and feasible to implement as needed.

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

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

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

Describe

The following agencies are identified as having an Early Head Start - Child Care Partnership (EHS-CCP): City of Chicago, City of Rockford, CCR&R - Joliet, Educare West DuPage, Proviso Leyden CCA, YWCA Metropolitan Chicago, Champaign County Regional Planning Commission, Carole Robertson and SAL Family & Community Services. One of the Head Start State Collaboration Office (HSSCO) goals is to ensure the EHS-CCPs have quarterly Enrichment Circles or Communities of Practice (CoP) meetings for networking, professional development, and state updates, particularly Department of Human Services and Office of Head Start

updates. The desired result for the CoPs is to have a well informed, knowledgeable, engaged group of ECH-CCPs. The CoPs provide an opportunity for participants to share ideas, strategies and develop a common practice for the work they do. The HSSCO will work with the Illinois Head Start Association to plan and carry out these CoPs.

ii. State/territory institutions for higher education, including community colleges

Describe

Several institutions of higher education, including community colleges, work very closely with the Professional Development Advisory Council (PDAC) through the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), Lead Agency's contracted agency. The coordination of goals between PDAC and the Illinois Board of Higher Education (IBHE) is focused on projects to promote, support, and recognize professional preparation and training for all current and future early care and education, school-age, and youth development practitioners. Existing ECE workforce deserves an opportunity to demonstrate knowledge and skills attained through assessment of prior learning that receives college credit and the goal is to design a state model that would articulate or transfer between/among institutions. Meetings with representatives from higher education institutions, IBHE and PDAC are taking place in order to facilitate cohesion among the project steps. A target date of December 2021 has been set to have a pilot to be tested.

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

Describe

N/A

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

Describe

The Lead Agency is responsible for implementing the Maternal and Child Home Visitation programs grant.

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

Describe

One partner, the Department of Healthcare and Family Services is responsible for Early and Periodic Screening, Diagnosis and Treatment for children participating in the department's Medical Assistance or All Kids Program (Assist, Share and Premium) which encourages families to receive preventive and comprehensive health services designed to provide early discovery and treatment of health problems for their children. Another partner is the Illinois Department of Public Health (IDPH) who established procedures for EPSDT services to be consistent with those guidelines published by the American Academy of Pediatrics (AAP) or the American Academy of Family Physicians (AAFP) for HFS to follow as well.

vi. State/territory agency responsible for child welfare.

Describe

The Illinois Department of Children & Family Services is the agency responsible for child welfare. The mission is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in our care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities and work in partnerships with communities to fulfill this mission. The Lead Agency and DCFS coordinate with the goal of protecting the health, safety, and wellbeing of children in licensed and license-exempt child care settings through implementation of licensure and monitoring policies. The Lead Agency and DCFS partner on policy creation, and the Lead Agency serves on the DCFS Child Day Care Licensing Advisory Council.

vii. Provider groups or associations.

Describe

N/A

viii. Parent groups or organizations.

Describe

N/A

ix. Other.

Describe

N/A

Optional Use of Combined Funds:

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

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

The Lead Agency merges funds from different sources into one child care funding stream to provide financial support to the Child Care Assistance Program.

b) Which funds you will combine

The funds that will be combined are: 1) State General Revenue Fund, 2) TANF, 3) CCDF, and 4) Title XX.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

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

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

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

e) How are the funds tracked and method of oversight

The four funds described under b) are monitored through both internal and external audits. Specifically, the Lead Agency's Bureau of Subsidy Management staff audit each contractor on-site at least once every three years. In addition, the Lead Agency's

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

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

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

(98.55(f)).

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

i. If checked, identify the source of funds:

General Revenue Fund.

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

i. If checked, are those funds:

A. Donated directly to the State?

B. Donated to a separate entity(ies) designated to receive private donated funds?

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

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

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

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

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

The Lead Agency does not have any private partnership to leverage public and private resources to further the goals of the CCDBG Act but has Key Lead Agency Partnerships

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

Head Start State Collaboration Office: The CCDF Lead Agency's Head Start State Collaboration Office (HSSCO) updates its statewide collaboration needs assessment and strategic plan annually. Plans are aligned with the Child Care Advisory Council's (CCAC) and IELC's strategic plans.

Gateways to Opportunity and Illinois Professional Development System: The CCDF Lead Agency contracts with INCCRRA to administer Gateways to Opportunity (Gateways) in a public private partnership. Gateways to Opportunity is a statewide professional development support system designed to provide guidance, encouragement, and recognition to individuals and programs serving children, youth, and families and developed by the Professional Development Advisory Council (PDAC). Funding for this system is the result of private/public partnerships, including the Lead Agency. Information about Gateways is available on www.ilgateways.com.

Illinois Children's Mental Health Partnership (ICMHP): The Lead Agency participates in the Illinois Early Childhood Mental Health Consultation Leadership Team, convened by GOECD. This Leadership Team is a public and private partnership that convenes Infant/Early Childhood Mental Health Consultation Leadership, stakeholders, practitioners, and private partners to review relevant research about the Illinois Model of Infant/Early Childhood Mental Health Consultation. The Leadership Team works in collaboration with INCCRRA to provide a central repository of the Orientation to the Illinois Model of Infant/Early Childhood Mental

Health Consultation and maintain a database through Gateways of qualified Infant/Early Childhood Mental Health Consultants. This work is funded in part by the Lead Agency, Preschool Development Block Grant Birth to Five (administered by GOECD) and will be expanded through federal Covid-19 Governor's Emergency Education Relief funds.

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

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

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based

and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

The Community Services Agreements between the Illinois Department of Human Services and the local Child Care Resource and Referral Agencies (CCR&R) 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 assemble and maintain a child care provider database, provide consumer education and child care referrals to parents/guardians, provide training and technical assistance to child care providers, perform recruitment and retention activities for child care options and collect and analyze child care demand/supply data. In addition, the CCR&Rs administer the Child Care Assistance Program (CCAP) which includes providing families information about the program, providing eligibility determination for the CCAP, and process provider payments for the CCAP. There are 14 agencies that provide CCR&R services in 16 geographic Service Delivery Areas. All counties in Illinois are covered by a CCR&R agency. The 14 agencies providing

CCR&R services vary and include YWCA organizations, community colleges, public universities, social service agencies and standalone entities. The statewide network is coordinated by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

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

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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

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

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

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

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

Describe:

2.2 Parental Complaint Process

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

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

The Illinois Department of Children and Families Services (IDCFS) has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child. Individuals who believe a child is in immediate danger or harm are encouraged to call the local police or

911. For non-emergency reporting, the Child Abuse and Neglect Hotline toll-free number (1-800-252-2873) is widely publicized on the internet and on posters distributed around the state. IDCFS also maintains an on-line reporting system (<https://dcfsonlinereporting.dcf.illinois.gov/>).

Complaints about possible licensing violations are reported to IDCFS's Day Care Information Hotline (1-877-746-0829). Callers are provided with information to contact the provider's licensing representative assigned to the provider in question. Callers may then call the licensing representative or his/her supervisor and discuss their concerns.

Parents that have concerns or complaints about how their provider is operating within the Child Care Assistance Program may contact their local CCR&R, the IDHS Bureau of Subsidy Management or the IDHS Webmaster. IDHS maintains and publishes phone numbers for both their Springfield and Chicago offices as well as maintains general email accounts that parents may report provider complaint or ask questions about the program or the care they are receiving. Staff receiving complaints that concern licensing or possible abuse and neglect instruct callers to contact local law enforcement or IDCFS directly through the methods described above.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaint calls received at the lead agency or its contractors concerning abuse, neglect or licensing violations on all providers, CCDF and non-CCDF, are instructed to contact the proper agencies; law enforcement, the neglect and abuse hotline or the licensing agency so that a first-hand report is on record. The Lead Agency is not involved in child abuse or neglect or enforcement of child care licensing requirements investigations. The Illinois Department of Children and Family Services (IDCFS) is the agency responsible for investigating all complaints against child care providers and making information available upon request.

Complaints regarding possible child care provider licensing violations can be made to local IDCFS licensing offices or the Central Office of Licensing. In non-emergency situations, anyone may report suspected child abuse or neglect using the Online Reporting System at <https://dcfsonlinereporting.dcf.illinois.gov/>. When a licensing complaint is received, the IDCFS licensing supervisor reviews the allegations to determine if it alleges violations of the Illinois licensing standards or the Illinois Child Care Act. If it does allege a licensing violation, the complaint is assigned to the provider's Day Care Licensing Representative (DLR) who initiates an investigation. The DCLR has two business days to begin the complaint investigation once the complaint is assigned to them. A complaint is initiated by an unannounced visit to the center or home. During the complaint investigation, the licensing representative will gather evidence to make a determination regarding the specific allegations from the complaint. If other violations are observed, these will be added to the complaint. If any violations are found and have evidence to support a violation of the Child Care Act or licensing standards related to the licensing or operation of child care programs or facilities, the complaint will be "substantiated," and a corrective plan will be developed. If the substantiated violations are serious, numerous, or a repeat of previous cited violations, the Department may choose to pursue enforcement action, up to and including a recommendation to revoke the license. Most complaints can be finished in 30-60 days. Providers may have their license placed in a Protective status while the provider addresses issues or be suspended or revoked, depending on the violation and its severity. IDCFS will post finding through the Illinois Sunshine project website.

A visit from a CCR&R Health and Safety Coach will be requested if complaints of that nature are received by the lead agency or at a CCR&R. CCR&R and Site Administered staff who receive complaints or accusations of fraud against any license exempt provider operating within the Child Care Assistance Program must attempt to resolve the complaints within their agencies management structure before referring to IDHS.

These complaints are researched through the Child Care Management System (CCMS), other State benefit program databases and with consultation with CCR&R or Site Administered staff as appropriate to determine if any program violations and/or improper payments have occurred. IDHS staff will communicate with the CCR&R or Site to enact any needed actions to the case. If the provider is accused or suspected of childcare assistance fraud, the caller's information is forwarded to the IDHS CCAP Program Integrity and Quality

Assurance (PIQA) unit which may conduct a monitoring review or contact State investigators as needed. Most complaints can be finished in 30-60 days.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

The Lead Agency partners with the Illinois Department of Children and Family Services (IDCFS) which is responsible for investigating all complaints against child care providers and making information available to the public upon request. The Lead Agency requires records to be maintained for five years. IDCFS' licensing records are maintained for nine years after a child care provider close. Individuals can request information about child care complaints and substantiated parental complaints by filing a FOIA (Freedom of Information Act) request. Instructions on how to file a FOIA can be found at https://www2.illinois.gov/dcfs/aboutus/pages/com_communications_foia.aspx Records are posted by IDCFS at <https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/Search.aspx> . A complaint log is maintained by the IDHS Child Care Assistance Program Policy Unit of all complaints on license-exempt providers.

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

The Illinois Department of Children & Family Services 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 Illinois Department of Children & Family Services website, it will also be available on the official website of the State. Licensing compliance information on currently licensed day care homes, group day care homes and day care centers can be found at <https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/MonitoringReports.aspx>. Substantiated parental complaints regarding license exempt providers will be available in the

Lead Agency's consumer website. The link will be posted to the lead agency's consumer website.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

CCAP Policy 04.05.01 Complaints. Site Administered providers and CCR&RS staff must attempt to resolve all complaints received following the proper chain of command. If supervisory staff is not able to resolve the issue, complainants may be directed to contact the Bureau of Subsidy Management at DHS.CCAP.Policy@illinois.gov.

2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The Lead Agency is the agency responsible for maintaining the consumer education website. Sections dedicated to parents/caregivers and providers are clear and comprehensive including linkages to the required information, ensuring the information posted is always accurate and updated. The consumer education website is in plain language, not overloaded, (the information provided is in short, and simple sentences) with links that will take the audience directly where the information is located. Overall, the website is written at an 8th grade reading level. The navigation of the website is by age of child making it easy for a consumer to find what they need at first glance and as quickly as possible. In addition, there is a search box that allows users to easily search for terms across the website. Information about child care, developmental screenings and other services available to families is included. The Lead Agency is committed to regularly review (and update if needed) its website in an effort to ensure it is consumer-friendly and integrated, where families can access complete information that also connects them to other early learning and family support services.

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

The Lead Agency includes the Office of Hispanic/Latino Affairs whose job is to ensure the adequate delivery of services to meet the needs of the Department's Limited English Proficient (LEP) customers. The Lead Agency's website includes Spanish translations of its most relevant sections. The Lead Agency has contracted with Over-the-Phone interpreting service. Propio Language Services partner with a network of over 4,000 interpreters who collectively speak more than 200 languages. This service is available 24/7/365, with an average connect time of 35 seconds. Lead Agency staff is approved to use the Propio

Language Services for on-demand language interpretation when necessary.

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

The Consumer website provides information and linkage to services available for persons with disabilities. The Illinois Technology Accessibility Act (IITAA) requires Illinois agencies and universities to ensure that their websites, systems, and other information technologies are accessible to people with disabilities. While the Americans with Disabilities Act and Section 504 of the Rehabilitation Act require the State to address accessibility in general, the IITAA requires the State to establish and follow specific, functional accessibility standards to address accessibility proactively. As required by the Public Act 095-0307, The Illinois Department of Human Services worked with a broad range of experts and stakeholders to establish standards that are effective, practical, and aligned with existing federal and international standards.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

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

For facilities and programs exempt from licensure

https://www2.illinois.gov/dcf/aboutus/notices/documents/rules_377.pdf

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

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

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

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

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

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

<https://sunshine.dhfs.illinois.gov/Content/Licensing/BackgroundCheckProcess.aspx>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

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

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

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

For contracted Site-Administered (Licensed) providers

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

<https://sunshine.dhfs.illinois.gov/Content/Licensing/Daycare/ProviderLookup.aspx>

b) In addition to the licensed providers that are required to be included in your searchable

list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

N/A

c) Identify what informational elements, if any, are available in the searchable results.
Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates

- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates

Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

i. All Licensed providers.

Describe

ii. License-exempt CCDF center-based providers.

Describe

iii. License-exempt CCDF family child care providers.

Describe

iv. License-exempt, non-CCDF providers.

Describe

v. Relative CCDF providers.

Describe

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.
Describe

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

- i. Licensed CCDF providers.

Describe the quality information:

ExceleRate Illinois is the Quality Rating and Improvement System. There are four (4) Circles of Quality: Licensed, Bronze, Silver, Gold. All Licensed providers are at the Licensed Circle. Programs may opt to obtain a Circle Higher than Licensed. The Consumer Education website will indicate a licensed providers Circle of Quality.

- ii. Licensed non-CCDF providers.

Describe the quality information:

ExceleRate Illinois is the Quality Rating and Improvement System. There are four (4) Circles of Quality: Licensed, Bronze, Silver, Gold. All Licensed providers are at the Licensed Circle. Programs may opt to obtain a Circle Higher than Licensed. The Consumer Education website will indicate a licensed providers Circle of Quality.

- iii. License-exempt center-based CCDF providers.

Describe the quality information:

- iv. License-exempt FCC CCDF providers.

Describe the quality information:

There are three tiers of training to achieve; each Tier includes modules that cover health, safety, nutrition, child development, and more.

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

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

For License Exempt providers: <https://www.illinoiscaresforkids.org/provider-search/>

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

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

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

Describe:

License Exempt providers: During the on-site visit any standard identified as not met will result in a corrective action plan with an established timeframe This is recorded on the Health & Safety Checklist (monitoring tool). A follow up on-site visit will be scheduled. If the unmet standard has not been corrected, a 10-day provider closeout notice will be sent. Licensed facilities that are cited for licensing violations are often subject to unannounced monitoring to assess progress on making corrections and ensure that violations are not repeated. Follow-up monitoring will be conducted to ensure on-going compliance.

A minimum of 3 years of results, where available.

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

i. Provide the direct URL/website link to where the reports are posted.

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

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

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

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Plain language is clear writing designed to ensure the reader understands as quickly and completely as possible. Plain language strives to be easy to read, understand, and use. It avoids verbose, convoluted language and jargon.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

License Exempt: Health & Safety Coaches are provided sample language which is clear and concise and easy to understand. For licensed providers, the Licensing Representative documents compliance, non-compliance, observations, and discussions during the monitoring visit. Items documented by the Licensing Representative during the monitoring visit is reviewed with the licensee at the time of

the visit, and the violation itself is written in plain language.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Additionally, the form that is used by the Licensing Representative to document compliance, non-compliance, observations, and discussions during the monitor is reviewed with the licensee at the time of the visit. This provides opportunity for discussion of the form and for any inaccuracies to be reviewed before the Monitoring Record is signed by the Licensing Representative and the licensee. Once signed by the Licensing Representative and the licensee the form is submitted for review by the Licensing Supervisor. Inaccuracies from an error standpoint can be noted/requested by the Licensee for review and if determined inaccurate the Licensing Representative would update the state issued monitoring record form, review again with Licensee and have both parties sign it. In addition, space is provided on the monitoring record form to note any items they determine are inaccurate at the time of the monitoring visits.

License-exempt providers must communicate with the Health and Safety Coach by phone or email to report inaccuracies. The Health & Safety coach would review the concern, pull the report and review. If an inaccuracy is found, the Health & Safety Coach would correct the information in the Data Tracking Program (DTP), update the monitoring checklist and provide the license exempt provider with an updated form.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

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

For licensed providers: upon being cited, the licensee is provided with a document that gives instructions and time frames for appealing a citation through the Illinois Department of Children & Family Services Supervisory Review process. A Supervisory Review may be requested if a provider believes that: (a) any of the cited violations should not have been substantiated, (b) that the licensing representative incorrectly applied the cited section of the Licensing Standards or the Child Care Act, or (c) the provider wants to request that changes be made in the Corrective Plan. The request must be in writing and must be mailed or faxed within 10 days from the postmark. When the licensee/permit holder requests a supervisory review, the licensing supervisor shall schedule the

supervisory review within 14 days and hold the supervisory review at the earliest date. The licensee shall be notified by mail of the date, time and location of supervisory review. Individuals required to attend in addition to the licensing supervisor includes the licensee/permit holder and the licensing representative who substantiated the violations. The licensing supervisory will issue a written summary and decision within ten (10) days. The licensee/permit holder may withdraw a request for a supervisory review at any time prior to the supervisory review. The licensing supervisor shall document the date, time, and manner (e.g., telephone call, written correspondence, etc.) in which the licensee/permit holder withdraws the request for supervisory review and shall ensure that the documented information is placed in the licensing record. The licensing supervisor shall prepare a Supervisory Review Report and Findings and shall make one of the following determinations, based upon the information presented, for each substantiated violation in dispute:

- "upheld"- the licensing representative documented sufficient evidence to substantiate the violation and correctly interpreted or applied licensing standards, the Child Care Act or other applicable DCFS Rules in substantiating the violation; or

- "overturned" - the licensing representative did not obtain or document sufficient evidence to substantiate the violation, or the licensing representative misinterpreted or misapplied the licensing standards, the Child Care Act or other applicable DCFS Rules. For each disputed provision in the corrective plan, the licensing supervisor shall indicate whether the provision is:

- "upheld" -- the provision is appropriate and should be enforced as written; or

- "amended" -- the provision is changed as a result of the supervisory review.

If the violation is recorded as "amended", the provision is changed as a result of the supervisory review.

For License-exempt providers: at the end of visit, the Health & Safety Checklist is reviewed and discussed. Providers are requested to sign and by signing they are agreeing to information on the checklist, including any standard indicated as "no" and the corrective action plan. If the provider does not wish to sign, the Health & Safety Coach makes note and notifies their supervisor and if necessary, Lead Agency staff.

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

Licensing violations and status information is provided from 2010 to the present. License exempt monitoring reports will be posted for three (3) years. New licensing compliance information may take between 48 to 72 hours to be uploaded to the Sunshine Website. Monitoring reports for license-exempt providers are removed after 3 years of being posted on the consumer education website.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

Providers submit reports of serious injuries or deaths of children to the Illinois Department of Children and Family Services (IDCFS). The Lead agency obtains this information through the Illinois Sunshine Project website (IDCFS website). Pursuant to federal requirements, the Illinois Department of Children & Family Services will report on the number of incidents in licensed facilities involving serious injury, fatality, or indicated reports of child abuse or neglect for the past fiscal year.

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

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

"Substantiated child abuse" refers to an indicated finding on an Illinois Department of Children & Family Services Child Protective Investigation where abuse or neglect has been alleged. "Indicated" means there was sufficient, credible evidence to uphold the allegation.

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

"Serious injury" refers to an injury which required treatment or the attention of a medical or health care professional (more than just a goose egg from playground collision or a scrape from falling off a tricycle, etc.).

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

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

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

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The consumer education website, <https://www.illinoiscaresforkids.org/>, contains a link to the Child Care Resource & Referral Agency's (CCR&R) search page in the footer and appears

on each website page. Throughout the website there are multiple opportunities to lead parents to CCR&Rs for referrals. This is the link found on the Toddler Tab – similar links are found on each tab of the website <https://www.illinoiscaresforkids.org/toddler-en/early-care-and-education/ccr-r-agencies>.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

The consumer education website, <https://www.illinoiscaresforkids.org/> contains a link to the Lead Agency’s information in the footer. The link will direct individuals to <https://www.dhs.state.il.us/page.aspx>

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

www.illinoiscaresforkids.org

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

Consumer education materials about child care are available through the Child Care Resource and Referral Agencies, IDHS operated Family Community Resource Centers and will be available through the Lead Agency's Consumer Education website www.illinoiscareforkids.org. The local CCR&R staff share consumer education materials and referrals to providers with the families who have not selected a provider at the time of CCAP application. Consumer education and referral services are available to all Illinois families who contact the CCR&Rs and through the Family Community Resource Centers throughout the state. In addition to information about child care services, information on TANF, SNAP, as well as the ExceleRate Illinois website which hosts the State's quality program content is provided to the parents.

The methods used by CCR&Rs to have parents informed are: Direct electronic/postal mailing, targeted phone calls, written materials distributed in person and electronically, social media communication and mass text messaging (when opted in). Specifics about how child care providers can access and operate within the assistance program can be found in the "What is CCAP?" provider training which is available online or in person through the CCR&R. The Lead Agency's Consumer Education website contains information on the various types of child care services, where to find child care, the importance of quality, the Child Care Assistance Program, as well as information on other resources families might need. Consumer education is also available through the CCR&R agencies. As CCR&R staff talk with families, they will provide consumer education materials based on the needs of each family. Materials might include information on the Child Care Assistance program, referrals to other services/programs (e.g., Early Intervention, TANF, SNAP). Referrals and information are sent electronically or by ground mail. Consumer education information is also shared via social media platforms, targeted phone calls/text messages and in written format. Information

on participating in the Child Care Assistance Program – for parents and providers - can be found at the IDHS website and at the CCR&R. Information regarding the CCAP program for parents is also available at the statewide Family Community Resource Centers (FCRC). Data on child care services for communities is available through the CCR&R agencies. This data might include the number of child care providers, average cost for child care, gaps in child care services, etc..

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

The consumer education website contains a page specific to TANF under the menu Family Resources. This webpage provides a link to specific information about TANF on the Lead Agency website and a link to the IDHS office locator to find the nearest Family Community Resource Center. The Lead Agency's website provides basic information about the purpose of this service, who can receive the service, what services are offered and how to apply. This information is available online, over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual interpreters and translators.

b. Head Start and Early Head Start programs:

The consumer education website lists Head Start and Early Head Start under types of care available in Illinois. It provides a brief description of what services are provided by Head Start, and a link to the Head Start Center locator. The early learning search provided on the consumer education website includes Head Start and Early Head Start locations if they are also licensed by IDCFS. A link is provided for clients to contact the corresponding office for information and assistance.

c. Low Income Home Energy Assistance Program (LIHEAP):

The Low Income Home Energy Assistance Program (LIHEAP) helps keep families safe and healthy through initiatives that assist families with energy costs. Federally funded assistance is provided in managing costs associated with home energy bills, energy crises, weatherization and energy-related minor home repairs. LIHEAP can help stay warm in the winter and cool in the summer through programs that reduce the risk of health and safety problems that arise from unsafe heating and cooling practices. The consumer education website contains a page specific to LIHEAP under the Family Resources menu. This webpage provides a link to specific information about LIHEAP on the U.S. Department of Health and Human Services website. A link is provided for the public where they will find contact information directly to their corresponding office for information and assistance. This information is also available over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual interpreters and translators.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

The Consumer education website contains a page specific to SNAP under the Family Resources menu. This webpage provides a link to specific information about SNAP on the Lead Agency website. The Lead Agency's website provides basic information about the purpose of this service, who can receive the service, what services are offered and how to apply. This information is available online, over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual translators.

e. Women, Infants, and Children Program (WIC) program:

The Consumer education website contains a page specific to WIC under the Infant and Toddler menus. This webpage provides a link to specific information about WIC on the Lead Agency website. The Lead Agency's website provides basic information about the purpose of this service, who can receive the service and what services are offered. This information is available online, over the phone, and at IDHS offices and service providers throughout the state. Staff is bilingual English/Spanish and has access to multilingual translators.

[f. Child and Adult Care Food Program\(CACFP\):](#)

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers. CACFP also provides reimbursements for meals served to children and youth participating in afterschool care programs, children residing in emergency shelters, and adults over the age of 60 or living with a disability and enrolled in day care facilities. CACFP contributes to the wellness, healthy growth, and development of young children and adults in the United States. A link to the CACFP website for the public to have more information about the program eligibility. Information about this program is also provided through the CCR&Rs.

[g. Medicaid and Children's Health Insurance Program \(CHIP\):](#)

The Consumer education website contains a page specific to All Kids the healthcare insurance program for children in Illinois. This webpage provides a link to specific information about All Kids on the Illinois Department of Healthcare and Family Services website. The Lead Agency's website provides information about Health and Medical, overview of services, and a link to apply. This information is available online, over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual translators.

[h. Programs carried out under IDEA Part B, Section 619 and Part C:](#)

The Consumer education website contains a page specific to Early Intervention for Infants and Toddlers, and a separate page for Early Childhood Special Education under the Preschool menu. This webpage provides a links to specific information about early intervention on the Lead Agency website, a link to the Illinois Early Intervention Clearinghouse, and a link to the IDHS office locator to find the nearest Child and Family Connections Office. The Lead Agency supports children with developmental delays and disabilities through the Early Intervention Services System. IDHS houses IDEA Part C and supports eligible children until the child is 36 months of age and, if still eligible for services under IDEA, transitions the child to IDEA Part B, Section 619 to the Illinois State Board of Education. Local system points of entry for Early Intervention support Child Care Resource & Referral agencies through cross-

training. Individual Child Care centers and agencies also participate in cross-training offerings as well as support the inclusive services of Early Intervention in their centers and agencies.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

The Lead Agency's Consumer Education Website contains information and resources for parents and providers on children's developmental milestones, developmental delays & disabilities, emotional well-being, and the healthy child. The website is set up by children's age groups and each age groups contains information specific to that age group. Within each section various links for additional resources are included and a section specific to family engagement at www.illinoiscaresforkids.org and <https://illinoiscaresforkids.com/preschool-en/child-development/milestones-by-year>, <https://illinoiscaresforkids.com/preschool-en/healthy-preschoolers/healthy-eating-tips>, <https://illinoiscaresforkids.com/families-en/family-engagement>

In addition to the consumer website, parents and providers can access information about

child development on the Lead Agency's website

<http://www.dhs.state.il.us/page.aspx?item=30355>. These resources help to explain the science behind how brains develop and what happens to children as they grow physically, intellectually, socially and emotionally during the first five years. There is also information about engaging with your child to promote healthy learning and choosing an early learning provider.

Information is also available through the CCR&Rs. As CCR&R staff talk with parents, based on need, staff may provide referrals and/or resources to parents. Examples include, but are not limited to: Early Intervention, Home Visiting, WIC, or tips on a specific need identified in the conversation (e.g., healthy eating tips). CCR&R staff provide technical assistance, resources and referrals to providers. Examples may include referrals to the Mental Health Consultant – which helps child-care providers recognize, understand and respond to the social emotional needs of children in their care from ages birth - five, or the Child and Adult Care Food Program (CACFP), administered by the Illinois State Board of Education. There are various programs based on the provider type, and the Quality and/or Infant Toddler Specialists provide support by helping providers assess their environments (safety, space & materials), create activities that support development, ease transitions (e.g., drop off and pick-up time), develop relationships and communicate with families, and/or support staff development.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and

- include any partners in providing this information.

Description:

To Parents: The Lead Agency's Consumer Education Website contains information and resources for parents and providers on children's developmental milestones, developmental delays & disabilities, emotional well-being, and the healthy child. The website is set up by children's age groups and each age group contains information specific to that age group. Within each section various links for additional resources are included and a section specific to family engagement at www.illinoiscareforkids.org. In addition, the Lead Agency's website <https://www.dhs.state.il.us/page.aspx?item=104997> provides links to information around social/emotional and behavioral development.

Providers: Caregiver Connections, the Statewide Early Childhood Mental Health Consultant (ECMHC) program, helps child care providers recognize, understand and respond to the social-emotional needs of young children (birth - age 5) in child care settings. The ECMHC supplies training, technical assistance, consultation and when appropriate, referrals to providers. The ECMHC works in partnerships with the local Child Care Resource & Referral agency. 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 Lead Agency through the Illinois Trainers Network supports developmental screening training.

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 Lead Agency's Child Care Advisory Council. Illinois is now a Pyramid Model state, and envisions an integrated system of professional development with Head Start, Child Care, and Public Schools in partnership with the Governor's Office of Early Childhood Development to provide training to all birth to five early childhood practitioners on the Center for the Social and Emotional Foundations for Early Learning conceptual framework and the Pyramid Model, using implementation science of the Teaching Pyramid Observation Tool to assess and obtain reliability, knowledge, skills and attitudes, and supports, necessary to nurture all young children's social-emotional development within their family, culture and community. The Pyramid Model Illinois State Leadership Team has a communication work group that is developing a plan to communicate resources to a variety

of audiences. Additionally, Illinois has passed Public Act 100-0105, which concerns early childhood suspension and expulsion. The goal of this legislation is to ensure early childhood programs engage in best practices in their disciplinary actions by prohibiting expulsions of young children due to child's behavior.

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

On January 1, 2018, Public Act 100-0105 became law in Illinois to prevent suspension and expulsion of young children in early childhood settings. According to the Licensing Standards for Day Care Centers, Section 407.270, Guidance and Discipline: a) The day care center shall develop a guidance and discipline policy for staff use that is also provided to parents. Expulsion due to a child's pattern of challenging behavior is prohibited. Planned transitions to settings better able to meet the child's needs are not considered expulsions. Staff shall sign the guidance and discipline policy at the time of employment and parents shall sign the policy when their child is enrolled. The policy shall include: 1) A statement of the center's philosophy regarding guidance and discipline; 2) Information on how discipline will be implemented by staff; 3) Information on how parents will be involved in the guidance and discipline process; 4) Information on how children will be involved in the guidance and discipline process and 5) Behavior support and program transition policies.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources

and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

The Lead Agency's Consumer Website www.illinoiscaresforkids.org, provides resources to the public about the importance of developmental screenings and links where more information and partners who work around developmental screening initiatives can be found. Parents, providers and the general public are encouraged to contact their local CCR&R to be connected with the local Child and Family Connections office to find out about other community screenings available in their area.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

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

<https://www.childfind-idea-il.us/About.aspx>. The Illinois Early Learning Project through the University of Illinois at Urbana-Champaign College of Education website is another

project funded by ISBE that provides "parent friendly" information about reasons and explanations for getting their child screened <https://illinoisearlylearning.org/tipsheets/dev-screening/>. The Illinois Department of Healthcare and Family Services (the state's Medicaid agency) promotes enrolled physicians to follow set guidelines for performing Developmental Screenings on infants/toddlers in their care as outlined in their Early Intervention Care Coordinator Provider Toolkit: <https://www.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/Early-Intervention-Care-Coordination-Provider-Toolkit.aspx> . Finally, the Illinois Department of Public Health provides information regarding Newborn screenings at <http://www.dph.illinois.gov/topics-services/life-stages-populations/newborn-screening>.

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

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

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

Caregiver Connections is a Lead Agency contractual program that places mental health consultants in each of the CCR&R service delivery areas. The main purpose is to provide support to child care providers helping them recognize, understand and respond to the social/emotional needs of the children in their care. In addition, the Early Childhood Mental Health Consultant may, contingent on the individual need of a child, support the provider and/or family to gain access to developmental screenings and referral to Early Intervention if needed. However, contingent on the individual needs of the child/family/program, the Early Childhood Mental Health Consultants would offer support to the provider/family in gaining access to both a screening and referral to the appropriate entity, for example Early Intervention. Other resources available to child care providers are Child and Family Connections, Local Interagency Councils, and All Our

Kids Early Childhood Networks.

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

Illinois Department of Children & Family Services and ExceleRate Illinois require training on developmental screenings; child care providers receive this information through three ITN trainings:

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

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

Illinois Department of Children & Family Services Day Care Center Licensing Standards 407.100c & 407.130k require training that includes developmental screening and referral process.

Web links:

<http://ilga.gov/commission/jcar/admincode/089/089004070D01000R.html> and
<http://ilga.gov/commission/jcar/admincode/089/089004070D01300R.html>

Illinois Department of Children & Family Services Day Care Home Licensing Standard 406.9(p) requires training that includes developmental screening and referral process.

Web link:

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

Illinois Department of Children & Family Services Group Day Care Home Licensing Standard 408.35(o) requires training that includes developmental screening and referral process.

Web link:

<http://ilga.gov/commission/jcar/admincode/089/0890040800000350R.html>

In addition to Illinois Department of Children & Family Services Licensing Standards, ExceleRate Illinois (QRIS) requires training on developmental screening and referral process.

Web link:

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

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Clients are informed at the time of application if their selected provider is qualified to care for their child based on the completion of Health & Safety trainings and background checks. The child care application also outlines the requirements of the provider and client. <https://www.dhs.state.il.us/onenetlibrary/27897/documents/Forms/IL444-3455.pdf>

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

<https://www.dhs.state.il.us/OneNetLibrary/27894/documents/DHSChildCare/ConsumerStatement.pdf>

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children

enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from Birth

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

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

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

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

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

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

ii. "in loco parentis":

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

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

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

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Work experience, community services and/or job search/job readiness activities approved by the Lead Agency and Work First or other activities approved on the TANF Responsibility and Service Plan (RSP).

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Policy 01.03.03 - Education and Training Activities Eligible education activities are: Below post-secondary education (High school, literacy and other adult basic education, English as a Second Language, and GED preparation programs), vocational programs (offered by a public community college, public or private university, or private business/technical school), post-secondary (all undergraduate college level courses that could result in an associate's or bachelor's degree) up to and including the acquisition of the first bachelor's degree. Clients can be approved for education/training activities that will lead to multiple certificates within a designated career path (from Certified Nursing Assistant to Licensed Practical Nurse, for example) or associate degrees, but only the first bachelor's degree. Clients may also be approved for additional vocational certificate programs if they are beginning a new career path in a new field or if classes are required to remain certified in their current

employment. Child care services approved under this part must be reasonably related to the education or training activity, including class hours and research, study, laboratory, library and transportation time and educationally required work activities such as student teaching, an internship, a clinical, a practicum or an apprenticeship. A parent attending an online course from home may be eligible if the class is offered only at a regularly scheduled time. (i.e. 11:00 am every Monday and Wednesday) or the parent must leave the home to have access to a computer.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Child care services are approved for time that is reasonably related to the education or training program, including credited class research, laboratory and library time, as well as transportation time. Up to one hour of study time per week for each classroom hour course credit or time in the classroom may be allowed.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

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

Families impacted by a state/federal disaster; Essential workers during a state of emergency, Families transitioning from the Intact Family Services Program, Families experiencing homelessness (per the McKinney-Vento Act definition.

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

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

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

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

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$5,532	\$4,703	\$2,903	52%
3	\$6,834	\$5,809	\$3,660	54%
4	\$8,136	\$6,916	\$4,417	54%
5	\$9,438	\$8,022	\$5,173	55%

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

N/A

d. SMI source and year. LIHEAP-IM-2020-02

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Cook County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 07/01/2021

g. Provide the citation or link, if available, for the income eligibility limits. CCAP Policy 01.02.01 Income Guidelines www.dhs.state.il.us/page.aspx?item=118832

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

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

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

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

No.

Yes.

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

Income and asset limits are waived for families qualifying under Protective Services per CCAP Policy 01.03.10 CCAP Protective Services Child Care.

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

N/A

b. eligibility redetermination.

N/A

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with

sensory, physical, or other disabilities

i. Other.

Describe:

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

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

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

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

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

Other.

Describe:

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Information is self-declared on the Application. CCAP Specialists use the following data systems to verify applicant identity: Automated Client Information Database, Automated Wage Verification System (Illinois Department of Labor, Illinois Employment Security), Key Information Delivery System (Child Support) and Public Aid State Data Exchange (SSI/SSA income).

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

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

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

Required at Initial Determination

Required at Redetermination

Describe:

Information is self-declared on the Application. CCAP Specialists use the following data systems to verify applicant identity: Automated Client Information Database, Automated Wage Verification System (Illinois Department of Labor, Illinois Employment Security), Key Information Delivery System (Child Support) and Public Aid State Data Exchange (SSI/SSA income). If information cannot be confirmed in State systems, a CCAP Specialist may ask for birth certificates, baptismal records, census records, etc. when the application does not list a child's Social Security Number to determine the Household composition.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

The following documentation is required to verify work information: the 2 most recent check stubs, direct deposit slip, income verification letter from employer, and/or income tax returns forms (for self-employment).

Job training or educational program.

Required at Initial Determination

Required at Redetermination

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 contact with Local TANF Community Resource Centers.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Parents/guardians and those defined as family members over age 21 living in the home (per policy 01.02.01 Income Guidelines) are required to submit: the two most recent check stubs, direct deposit slip, income verification letter from employer, or income tax returns forms if self-employed. Unearned income for all members of the household included in the child care family size is verified through: Automated Wage Verification System (Illinois Employment Security), Key Information Delivery System (Child Support) and Public Aid State Data Exchange (SSI/SSA income).

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Databases used to verify a household composition are: Automated Wage Verification System (Illinois Employment Security), Key Information Delivery System (Child Support) and Public Aid State Data Exchange (SSI/SSA income). If information cannot be confirmed in State systems, a CCAP Specialist may ask for birth certificates,

baptismal records, census records, etc.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Databases used to verify applicant residence are: Automated Wage Verification System (Illinois Employment Security), Key Information Delivery System (Child Support) and Public Aid State Data Exchange (SSI/SSA income). If information cannot be confirmed in State systems, a CCAP Specialist may ask for documentation with address if out of state residence is suspected.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

CCAP Policy 02.02.01 Establishing Eligibility, requires that the Department or its agents will make a determination of eligibility within 30 working days of receipt of applications and redeterminations.

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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

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

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

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

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

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

i. "Appropriate child care":

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

ii. "Reasonable distance":

The amount of time it takes the client to travel between the child care setting and the work/training/education activity. Mode of transportation and time of day are considered

when determining if the time requested is reasonable.

iii. "Unsuitability of informal child care":

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

iv. "Affordable child care arrangements":

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

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

i. In writing

ii. Verbally

iii. Other.

Describe:

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

WAG 03-13-00: TANF General Activity Compliance Requirements, PM 03-13-04: Penalty for Refusal or Failure to Comply and PM 03-13-01: Work Eligible Person -Activity Compliance Requirements. **Requirements** [IDHS: 01.03.03 - Education and Training Activities \(state.il.us\)](#)

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	0-\$1,452	\$1.00	.07%	\$2,903	\$198	6.82%
3	0-\$1,830	\$1.00	.05%	\$3,660	\$250	6.83%
4	0-\$2,208	\$1.00	.05%	\$4,417	\$301	6.81%
5	0-\$2,587	\$1.00	.04%	\$5,173	\$353	6.82%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Cook County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

All areas of the State use the same copayment amounts.

c. What is the effective date of the sliding-fee scale(s)? July 1, 2021, July 1, 2021 and there is no sunset date for clients at or under 100%FPL, having a \$1 copay

d. Provide the link(s) to the sliding-fee scale:

<https://www.dhs.state.il.us/page.aspx?item=19540>

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

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

vii. Other.

Describe:

b. The fee is a percent of income and (check all that apply):

i. The fee is per child, with the same percentage applied for each child.

ii. The fee is per child, and a discounted percentage is applied for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional percentage is charged after certain number of children.

- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

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

- No.
- Yes, check and describe those additional factors below.

- a. Number of hours the child is in care.

Describe:

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

Describe:

- c. Other.

Describe:

If all of the children in care from a family are of school age and are approved for part-time (less than 5 hours per day) day care for any month September through May, the parent share is 50% of the standard co-payment amount (a school age child is a child whose age is 5 to 13 years and is enrolled in school). Co-payments may be reduced for all or specific groups of eligible families during declared State or Federal emergencies, depending on the nature of the emergency. Families that meet the CCAP definition of Protective Services Child Care are assessed a copayment of \$1.00 per month.

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

- c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

Per CCAP Policy 01.03.04 - Representative Payee (RPY): families that are receiving non-parental Representative Payee TANF (child only); and per CCAP Policy 04.02.01 - Active Military Duty: families that had already been approved for CCAP where the head(s) of household are called into active military duty away from home.

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

A. Provide the income level for the second tier of eligibility for a family of three:

\$4,575 (250% FPL)

B. Describe how the second eligibility threshold:

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

The majority of the families participating in the Child Care Assistance Program, transition out of the program prior to reaching an income of 200% FPL. For this reason, the Department believes that a second eligibility threshold of 250% FPL is consistent with the typical household budget of a low-income family.

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

Setting the exit level at 250% FPL allows families to continue an upward trajectory of income towards self-sufficiency. The exit level at 250% FPL was established because the state uses a significant number of TANF dollars to support the families that we serve and so while TANF exit is established at 225% FPL, a CCDF exit level at 250% FPL further accommodates increases in family income beyond TANF exit and will not create a negative impact in the family's finances.

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

The exit income level will allow for more earnings for the family while remaining in the assistance program. No additional reporting will be required for those that go above the entry level of 200% FPL. The percentage of income assessed as the parent co-payment remains consistent throughout the income scale.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

Policy section 01.02.01 Income Guidelines; 04.02.01-Copayments.

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

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

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to

children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children with special needs are defined as: (a) a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 USC 1401); (b) a child who is eligible for Early Intervention services under Part C of the Individuals with Disabilities Education Act (20 USC 1431 et seq.); (c) a child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 USC 794) or (d) children who have physical or mental incapacities as documented by a statement from a local health provider or other health professional (Policy 01.04.01). Appropriate documentation is an original written description of the disability or court decision. The documentation for a physical or mental disability must be signed by a physician, psychiatrist, or other appropriate licensed health care provider and be on letterhead stationery, while the documentation for a court decision must be signed by a judge. All documentation must include the following: the name of the child who is disabled or under court supervision, information about the disability or court supervision, and an explanation of how the child is incapable of self-care.

b) "Families with very low incomes":

Families with countable income at or below 185% of the Federal Poverty Level.
Administrative Rule SECTION 50.230 CHILD CARE ELIGIBILITY.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

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

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

3.3.3 List and define any other priority groups established by the Lead Agency.

Other priority groups include: a) teen parents enrolled full-time in elementary, high school, or General Educational Development (GED) classes to obtain a high school degree or its equivalent; and b) families with essential and/or prioritized essential workers during a time of declared State or Federal emergency.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

For teen parents as described in 3.3.3, the Lead Agency will prioritize enrollment for child care services in times that program intake is restricted due to budgetary or other issues. For families with essential and/or prioritized essential workers as described in 3.3.3, the Lead Agency may expedite applications, redeterminations, payments, and other case actions.

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

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

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

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

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

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

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

Note:

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

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

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

The Lead Agency, in coordination with the Illinois Department of Children & Family Services, has notified all providers of the policy concerning the grace period for medical records/immunizations, to allow a 90-day grace period for families or children experiencing homelessness to submit copies of all required supporting documentation for enrollment. The Department will provide CCAP Protective Service Child Care Assistance to eligible families who indicate on an Application, Redetermination, or Change of Information Form that they are experiencing homelessness in order for them to obtain or maintain a child care arrangement. Families that indicate and provide documentation that they are experiencing homelessness will be allowed two 90-day periods immediately following notification of experiencing homelessness within a 12-month period to establish a CCAP eligible activity (employment, education...) and to submit required eligibility documentation including paystubs and school schedules.

Procedure: Eligibility Criteria: A family's circumstances must meet the Department's definition of homelessness. Families not in a CCAP eligible activity after the initial 90-day eligibility period will not be eligible for additional CCAP approval unless the family indicates they are still experiencing homelessness, in which case a second 90-day Protective Service Child Care eligibility period can be approved. If the second Protective Service Child Care period is immediately following the first 90-day approval,

a new Certification of Temporary Living Arrangement Questionnaire is not required. If more than 30 days have passed, a new Certification of Temporary Living Arrangement Questionnaire is required.

For new applicants documenting homelessness, the child care arrangement schedule shall be approved as listed on the application. If the application does not include a schedule, the case should be approved for full time days, Monday through Friday. Once approved for an eligible activity, the child care schedule will be determined according to the time in that activity per CCAP policy. The Family Co-payment shall be assessed at \$1.00 per month during the 90-day approval period. The \$1.00 copayment also applies to the second 90-day approval period. Families that document they are experiencing homelessness that are engaged in a CCAP eligible activity will be approved for 12 months. Under the Protective Services guidelines, the family will be assessed a monthly copayment of \$1.00 monthly for the first 3 months after the client submits the Certification of Temporary Living Arrangement Questionnaire.

[Provide the citation for this policy and procedure.](#)

01.03.10 - CCAP Protective Services Child Care for Children Experiencing Homelessness

[ii. Children who are in foster care.](#)

The Lead Agency does not use CCDF funds for children in foster care; child care for children in foster care in Illinois is subsidized by the Illinois Department of Children and Family Services. Provide the citation for this policy and procedure. CCAP Policy 04.01.01 - General Guidelines - Parents must avail themselves of all other available child care services including child care appropriate and available from the Illinois Department of Children and Family Services (IDCFS) offered to particular categories of care givers, such as foster parents, who are employed and need child care to be foster parents.

[Provide the citation for this policy and procedure.](#)

CCAP Policy 04.01.01 - General Guidelines

[b\) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families](#)

with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

The Lead Agency participates in inter-agency meetings through the Cooperative Agreements to Benefit Homeless Individuals task force. Other participating agencies include The Illinois Department of Public Health, Department of Children and Family Services, Department of Human Services and the Illinois State Board of Education as well as homeless service providers and community-based organizations working with and for homeless families. Goals of the group include best practices and policy formulation for referring families to a variety of services to meet their needs.

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

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to

care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

The lead agency is working to align our grace period and other policies to ensure that policy clearly describes that there is no time limit on a time limited absence, and that the 90-calendar day grace period time limit applies only to cessation of work or education/training activity during an eligibility period . Eligibility for each family must be re-determined at the end of the current twelve (12) month eligibility period. Eligibility shall terminate at the end of the twelfth month unless the redetermination is completed and the family is determined eligible for on-going services. Redetermination forms are mailed six weeks prior to the end of the eligibility period to allow families enough time to submit all the necessary documentation at the time of redetermination and eligibility not being interrupted.

Temporary breaks in activity include, but are not limited to the following: Break from employment due to medical leave; Break from employment due to mandatory work site closings; Holiday or summer breaks from scheduled classes based on school or training calendar; Breaks due to shift from one school/training session to another (i.e. shift from fall semester to winter semester). No further action is needed for temporary breaks in activity. Care for children will continue during breaks to allow for continuity of care during the 12-month eligibility period.

Eligibility staff must document the case record. The following is a list of changes that the parent(s) and/or guardian(s) are required to report within thirty (30) calendar days of the change. These changes do require action to the case in: Change in family income where the income is at or above 85% SMI for a minimum of the two most recent consecutive pay periods. Change in activity that is not temporary (exceeds 90-calendar days or more (e.g., loss of employment, stops attending school or training activity, or graduation from

school or training activity). Request for change in child care provider. There is no longer a need for CCAP. Cases that report that they no longer need CCAP assistance should be canceled with a 30-day notice, or upon notification that the child is no longer attending the approved provider. Family moves out of the state of Illinois. Cases that report that they have or will be moving out of Illinois should be canceled with a 30-day notice, or upon notification that the child is no longer attending the approved provider. CCAP Policy Sections 01.03.02, 01.03.03, 01.03.05, 01.04.01, 02.03.01, 04.06.01

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

The lead agency is working to align our grace period and other policies to ensure that policy clearly describes that there is no time limit on a time limited absence, and that the 90-calendar day grace period time limit applies only to cessation of work or education/training activity during an eligibility period. The Department will continue payments to maintain a child care arrangement when the client has experienced a temporary loss of their approved activity and child care arrangements could otherwise be lost and subsequent employment or activity is scheduled to resume.

Citation:

CCAP Policy 02.04.01 Grace Periods

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

The lead agency is working to align our grace period and other policies to ensure that policy clearly describes that there is no time limit on a time limited absence, and that the 90-calendar day grace period time limit applies only to cessation of work or education/training activity during an eligibility period .The Department will

continue payments to maintain a child care arrangement when the client has experienced a temporary interruption in their approved activity and child care arrangements could otherwise be lost and subsequent employment or activity is scheduled to begin or resume.

Citation:

CCAP Policy 02.04.01 Grace Periods

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

The Department will continue payments to maintain a child care arrangement when the client has experienced a temporary (90 days or less) loss of their approved activity and child care arrangements could otherwise be lost and subsequent employment or activity is scheduled to begin or resume. This loss of activity grace period will last 90 calendar days starting the day after the last day of activity. There are no limits to the number of non- consecutive Grace Periods that can be approved for a family within any 12-month eligibility period. To qualify, the parent must be approved for child care assistance and must report a loss of employment or break in the approved activity within 30 days after the date of loss or break. Payments shall not be approved if the child does not attend care.

Citation:

CCAP Policy 02.04.01 Grace Periods

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

The Department will continue payments to maintain a child care arrangement when the client has experienced a reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. The copay can be reassessed at a lower rate if income has decreased and eligible days will not be reduced.

Citation:

CCAP Policy 02.04.01 Grace Periods

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

The Department will continue payments to maintain a child care arrangement when the client has experienced a temporary (90 days or less) loss of their approved activity and child care arrangements could otherwise be lost and subsequent employment or activity is scheduled to begin or resume. This loss of activity grace period will last 90 calendar days starting the day after the last day of activity. There are no limits to the number of non-consecutive Grace Periods that can be approved for a family within any 12-month eligibility period. To qualify, the parent must be approved for child care assistance and must report a loss of employment or break in the approved activity within 30 days after the date of loss or break. Payments shall not be approved if the child does not attend care.

Citation:

CCAP Policy 02.04.01 Grace Periods

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

Children of eligible families turning 13 (or 19 for court orders and special needs) shall be approved for the entire eligibility period that their birthday occurs in, unless the birthday falls in the first month of the eligibility period. Those children will be denied and/or canceled from the case during the application or redetermination process.

Citation:

CCAP Policy 01.04.01 Age of Child

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

If a client changes residency within the state during their 12-month eligibility period, their eligibility will not be affected.

Citation:

CCAP Policy 02.09.01 Transferring an Active Case

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

CCAP Policy Section 02.04.01 Existing CCAP eligibility will continue when a client loses their approved activity (employment, education...) for up to 90 days or less (a temporary loss of activity) for any reason.

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

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

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued

assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

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

For TANF clients that have an activity approved as part of their Responsibility and Service Plan by their TANF worker, child care assistance can be approved for job search at the time of application or redetermination. There is no limit to the number of times parent(s) in this category can apply and be approved for job search during eligibility period or at redetermination. The case will remain eligible throughout the 12-month eligibility period unless the family reports income above 85% of SMI.

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

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

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

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

Non-temporary breaks in activity of 90-calendar days or more due to any reason include, but are not limited to: 1) loss of employment--last date of employment supported by a separation notice or termination letter from employer to determine the start of the 90-day period or more; 2) graduation from school or training program--supported by diploma, graduation certificate(s), graduation letter from program; 3) medical leave exceeding 90 calendar days; 4) post-partum maternity leave exceeding 90 calendar days. If there is a non-temporary change in activity,

CCAP Eligibility Staff must review the documents received to determine if the change is temporary or non-temporary and contact the parent(s) or guardian(s) to discuss the provisions and limitations of 90-calendar days continued eligibility. Eligibility will continue as approved during any temporary (3months or less) loss of activity.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

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

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

iv. Provide the citation for this policy or procedure.

CCAP Policy 02.04.01-12 Month Grace Periods

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

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

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

B. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

Policy 02.07.01-Cancellation Reasons

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

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

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

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the

option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

Describe:

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

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

Describe:

Family moves out of the State of Illinois, change in contact information (e.g., phone number, e-mail address, mailing address), or change in head of household.

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

Describe:

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

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

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

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

Change resulting in a positive impact, such as if there is a change in the family unit that results in an immediate impact in services or if there is a change in family income.

If there is a change in the family unit that results in an immediate impact in services (i.e., birth of child, requires increase in services for the family), the case change must be made within ten (10) calendar days of receipt documentation.

When a client reports a change in family income, the submitted documentation will be reviewed. If the new income represents a decrease in the family's income, the co-payment will be reassessed. If the new copayment is less than the current, a revised Notice of Approval will be sent to the client and provider with an effective date the first day of the month following the reassessment. An increase in the family income that does not exceed 85% of SMI will not be a cause to increase the co-payment amount.

ii. [Provide the citation for this policy or procedure.](#)

Policy 04.06.01 Change of Information; 12-Month Eligibility Change of Information and Case Documentation

3.4.4 Prevent the disruption of employment, education, or job training activities

[3.4.4 Prevent the disruption of employment, education, or job training activities.](#)

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

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

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

Drop boxes

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to

change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

Child Care certificates are mailed to providers at the end of each service month issued each month through a monthly batch process by the Child Care Management System (CCMS). Child Care Resource and Referral (CCR&R) staff are also able to generate certificates as needed or by request of the provider. To receive a certificate, the client must have selected a provider and must be approved with eligible days for the service month with a provider in active status. For families whom the provider is in Active status and has eligible days assigned to them, the certificate will include the month of service, the name and CCMS number of the provider, type of care, the name, case number and IVR case number of the client, the name and date of birth of all children they approved for, the amount of the parent copayment, the approved daily rate and number of eligible days for each child.

Eligible parents are mailed an Approval of Request for Child Care Payments when they are

determined to be eligible. Approval notices include: date the notice was issued, caseload code; child care case number; IVR case number; reason for child care (employment, education...) parent/guardian name and address; provider name and address; eligibility period; information on the start of eligibility date, redeterminations, reporting changes and parent copayments; parent copay amount for each approved month; names and dates of birth of all approved children; daily rates of pay; number of weekly eligible days; information on right to appeal; and contact information to the CCR&R or Site Provider who is managing the case.

If the provider they had selected did not meet requirements, the Approval notice will list “No Qualified Provider” in the provider field.

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. 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 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

Parents can receive free referrals and information about child care programs from their local Child Care Resource and Referral (CCR&R) agency or online at www.exceleRateillinois.com. Referrals are for all types of child care providers: licensed centers, family child care homes, and group child care homes as well as license exempt centers and homes are available. Information on quality of care, state licensing and the Illinois ExceleRate system are also available.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

The Lead agency compares the number of licensed providers versus the number of CCAP providers to determine the number of CCAP providers that are not participating in the CCAP. The Lead Agency, at the end of each fiscal year, prepares a report which shows the statewide child care database by type of provider and of those providers which are currently serving children participating in the Child Care Assistance Program (CCAP). Based on the statewide database available, about 80% of licensed providers are serving children enrolled in CCAP and 38% of license-exempt centers serve children enrolled in CCAP.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

Per CCAP Policy 06.05.01, providers must not charge the State a higher rate for a parent receiving subsidized child care than is charged to their private paying families; issuing payments on a monthly basis after care is provided rather than at the beginning of the month, also, the increased training and monitoring requirements for providers (license-exempt, non-relatives).

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

Licensing standards for child day care centers (407.200.b) states that parents shall be allowed to visit the center without an appointment any time during normal hours of operation. Licensing standards for child day care homes (406.12.c) states that the parents or guardian shall be permitted to visit the home, without prior notice, during the hours their children are in care. Licensing standards for group day care homes (408.60.e) states that the parents or guardian shall be permitted to visit the home, without prior notice, during the hours their children are in care. The CCAP Application Provider Certification Section states that 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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.
Describe:
 - b. Restricted based on the provider meeting a minimum age requirement.
Describe:
All individuals providing care must be 18 years of age or older.
 - c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

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

Describe:

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

Describe:

- g. Other.

Describe:

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

4.1.6 Child care services available through grants or contracts.

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

- No. If no, skip to 4.1.7.
- Yes, in some jurisdictions but not statewide.

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

- Yes, statewide. If yes, describe:

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

Child Care Resource and Referral agencies are required to work with all families seeking child care. Based on the parent's needs, the CCR&R will offer a referral list of providers in their area who are listed on the CCR&R provider database. Vacancy checks are done by the CCR&R and providers may contact the CCR&R to identify vacancies.

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

Contracts are awarded to licensed child care centers, Child Care Resource & Referral Agencies, family child care networks and community-based agencies.

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

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

4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

The Lead Agency, in partnership with the CCR&R agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), reviews supply and demand data from the Data Tracking Program (DTP) to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). In addition, data on parent requests for child care are reviewed through development of the Child Care Annual Report (location, schedule, ages, etc.). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed. IECAM provides information about statewide early childhood services along with demographic characteristics of families with young children and census data. Finally, data from the ExceleRate Illinois (QRIS) are reviewed and compared to identify areas that do not have quality rated programs. To track the progress the Lead Agency will use both pre-pandemic (February 2020) and SFY 21 (June 30, 2021) as the baseline data and monitor the development of new child care options as well as those engaging in the QRIS specifically in the identified areas of need. Progress and data will be reviewed on a quarterly basis. Additionally, the Lead Agency tracks the number and percentage of CCDF children enrolled in high quality programs on a quarterly basis.

b. In child care homes.

The Lead Agency, in partnership with the CCR&R agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), reviews supply and demand data from the Data Tracking Program (DTP) to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). In addition, data on parent requests for child care are reviewed through development of the Child Care Annual Report (location, schedule, ages, etc.). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed. IECAM provides information about statewide early childhood services along with demographic characteristics of families with young children and census data. Finally, data from the ExceleRate Illinois (QRIS) program are reviewed and compared to identify areas that do not have quality rated programs. To track the progress the Lead Agency will use both pre-pandemic (February 2020) and SFY 21 (June 30, 2021) as the baseline data and monitor the development of new child care options as well as those engaging in the QRIS specifically in the identified areas of need. Progress and data will be reviewed on a quarterly basis. Additionally, the Lead Agency tracks the number and percentage of CCDF children enrolled in high quality programs on a quarterly basis.

c. Other.

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

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 located throughout the state. At the local level, CCR&Rs promote and provide Quality Improvement Grants to providers working towards or maintaining a Circle of Quality.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

The Lead Agency is preparing to expand the number of funded Family Child Care Networks up from the four currently funded. This will be done through a Notice of Funding Opportunity, with a target start date for SFY23 (July 1, 2022).

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The CCR&Rs' Quality Specialists and Infant Toddler Specialists provide technical assistance, consultation (including on-site visits), and/or training for the quality rating and improvement system (QRIS). The Health and Safety Coaches provide technical assistance around health and safety standards for the license- exempt providers. In addition, other staff at the CCR&Rs may provide technical assistance on specific topics, such as training, business practices, etc.

v. Recruitment of providers.

Describe:

Child Care Resource & Referral agencies work to recruit and retain providers within their designated Service Delivery Area. Activities include, but are not limited to targeted recruitment, collaboration with partner agencies, start-up workshops, packets, and providing technical assistance and training.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

The Lead Agency ensures the availability of Business Administration Scale training for family child care and Program Administration Scale training for child care centers. In addition, CCR&R agencies provide technical assistance and Consultation and often have business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential and Family Child Care Credential. In addition, the Illinois Trainers Network (ITN) offers trainings that include strengthening business practices. These trainings include Foundations of Family Child Care, Strengthening Business Practices for Family Child Care, and Strengthening Business Practices for Centers.

- viii. Accreditation supports.

Describe:

The Child Care Resource & Referral agencies provide technical assistance to identified National Accreditation processes that have been cross walked with ExceleRate Illinois (QRIS). Additionally, funding is available to assist programs that are working towards or maintaining an ExceleRate Illinois Silver or Gold Circle of Quality. The Lead Agency supports The Statewide Accreditation Mentoring (SAM) project, which provides support and assistance to child care and early education programs in centers engaged in quality improvement with intent to achieve program accreditation. The program supports a variety of accreditation initiatives including NAEYC and NAC. The SAM project is administered by the Illinois Association for the Education of Young Children.

- ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The Lead Agency contracts for services through Caregiver Connections, an Early Childhood Mental Health consultant program. There are Infant and Early Childhood Mental Health Consultants throughout the state that are available to help child care providers recognize, understand, and respond to the social and emotional needs of the children, birth through age five, in their care.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

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 located throughout the state. At the local level, CCR&Rs promote and provide Quality Improvement Grants to providers working towards or maintaining a Circle of Quality. Those programs serving infants and toddlers are a priority program for the Quality Improvement Grants.

ii. Family Child Care Networks.

Describe:

The Lead Agency is preparing to expand the number of funded Family Child Care Networks up from the four currently funded. This will be done through a Notice of Funding Opportunity, with a target start date for SFY23 (July 1, 2022).

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Infant Toddler Child Care Specialists are located at each Child Care Resource and Referral Agency throughout the State. They are responsible for identifying needs within the Service Delivery Area specific to infant/toddler needs. In addition, they provide technical assistance, consultation (including on-site visits) for ExceleRate Illinois (QRIS). All Infant Toddler Specialist are trained on the Program for Infant Toddler Care (PITC) and provide PITC training as well as other training specific to infant/toddler needs.

v. Recruitment of providers.

Describe:

Child Care Resource & Referral agencies work to recruit and retain providers within their designated Service Delivery Area. Activities include, but are not limited to targeted recruitment, collaboration with partner agencies, start-up workshops, packets and providing technical assistance and training.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

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

Describe:

The Lead Agency ensures the availability of Business Administration Scale training for family child care and the Program Administration Scale training for child care centers. In addition, CCR&R agencies provide technical assistance and consultation and often have business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality

rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential and Family Child Care Credential. In addition, the Illinois Trainers Network (ITN) offers trainings that include strengthening business practices. These trainings include Foundations of Family Child Care, Strengthening Business Practices for Family Child Care, and Strengthening Business Practices for Centers.

[viii. Accreditation supports.](#)

[Describe:](#)

The Child Care Resource & Referral agencies provide technical assistance to identified National Accreditation processes that have been cross walked with ExceleRate Illinois (QRIS). Additionally, funding is available to assist programs that are working towards or maintaining an ExceleRate Illinois Silver or Gold Circle of Quality. The Lead Agency supports The Statewide Accreditation Mentoring (SAM) project, which provides support and assistance to child care and early education programs in centers engaged in quality improvement with intent to achieve program accreditation. The program supports a variety of accreditation initiatives including NAEYC and NAC. The SAM project is administered by the Illinois Association for the Education of Young Children.

[ix. Child Care Health Consultation.](#)

[Describe:](#)

[x. Mental Health Consultation.](#)

[Describe:](#)

The Lead Agency contracts for services through Caregiver Connections, an Early Childhood Mental Health consultant program. There are Infant and Early Childhood Mental Health Consultants throughout the state, partnering with the Child Care Resource & Referral Agencies that are available to help child care providers recognize, understand, and respond to the social and emotional needs of the children, birth through age five, in their care.

[xi. Other.](#)

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

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 located throughout the state. Site-administered contract providers who care for eligible children with a demonstrated disability are able to apply for a 20 percent special needs add-on rate. The additional funds are used by the provider for supports such as the purchase of adaptive equipment and securing specialized training for the care giver.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Technical Assistance and training is available on collaboration between child care providers and community agencies (including special needs service providers and homeless shelters).

v. Recruitment of providers.

Describe:

Child Care Resource & Referral agencies work to recruit and retain providers within their designated Service Delivery Area. Activities include, but are not limited to targeted recruitment, collaboration with partner agencies, start-up workshops, packets, provide technical assistance and training.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

The Lead Agency ensures the availability of Business Administration Scale training for family child care and the Program Administration Scale training for child care centers. In addition, CCR&R agencies provide technical assistance and consultation and often have business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential and Family Child Care Credential. In addition, the Illinois Trainers Network (ITN) offers trainings that include strengthening business practices. These trainings include Foundations of Family Child Care, Strengthening Business Practices for Family Child Care, and Strengthening Business Practices for Centers.

viii. Accreditation supports.

Describe:

The Child Care Resource & Referral agencies provide technical assistance to identified National Accreditation processes that have been cross walked with ExceleRate Illinois (QRIS). Additionally, funding is available to assist programs that are working towards or maintaining an ExceleRate Illinois Silver or Gold Circle of Quality. The Lead Agency supports The Statewide Accreditation Mentoring (SAM) project, which provides support and assistance to child care and early education programs in centers engaged in quality improvement with intent to achieve program

accreditation. The program supports a variety of accreditation initiatives including NAEYC and NAC. The SAM project is administered by the Illinois Association for the Education of Young Children.

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The Lead Agency contracts for services through Caregiver Connections, an Early Childhood Mental Health consultant program. There are Infant and Early Childhood Consultants throughout the state, partnering with the Child Care Resource & Referral Agencies that are available to help child care providers recognize, understand, and respond to the social and emotional needs of the children, birth through age five, in their care.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

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 located throughout the state. At the local level, CCR&Rs promote and provide Quality Improvement Grants

to providers working towards and maintaining a Circle of Quality.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The CCR&Rs' Referral or Data specialist can provide technical assistance on the need for non-traditional hours. In addition, CCR&R staff can provide information for providers wanting to offer care during non-traditional hours. The Quality Specialist or the Infant Toddler Specialist can provide technical assistance, consultation (including on-site visits), for ExceleRate Illinois (QRIS). CCAP staff at the CCRR can provide technical assistance regarding requirements to be an approved CCAP provider.

v. Recruitment of providers.

Describe:

Child Care Resource & Referral agencies work to recruit and retain providers within their designated Service Delivery Area. Activities include, but are not limited to targeted recruitment, collaboration with partner agencies, start-up workshops, packets, provide technical assistance and training.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

The Lead Agency ensures the availability of Business Administration Scale training for family child care and the Program Administration Scale training for child care centers. In addition, CCR&R agencies provide technical assistance and

Consultation and often have business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential, Family Child Care Credential. In addition, the Illinois Trainers Network (ITN) offers trainings that include strengthening business practices. These trainings include Foundations of Family Child Care, Strengthening Business Practices for Family Child Care, and Strengthening Business Practices for Centers.

[viii. Accreditation supports.](#)

[Describe:](#)

The Child Care Resource & Referral agencies provide technical assistance to identified National Accreditation processes that have been cross walked with ExceleRate Illinois (QRIS). Additionally, funding is available to assist programs that are working towards or maintaining an ExceleRate Illinois Silver or Gold Circle of Quality. The Lead Agency supports The Statewide Accreditation Mentoring (SAM) project, which provides support and assistance to child care and early education programs in centers engaged in quality improvement with intent to achieve program accreditation. The program supports a variety of accreditation initiatives including NAEYC and NAC. The SAM project is administered by the Illinois Association for the Education of Young Children.

[ix. Child Care Health Consultation.](#)

[Describe:](#)

[x. Mental Health Consultation.](#)

[Describe:](#)

The Lead Agency contracts for services through Caregiver Connections, an Early Childhood Mental Health consultant program. There are Infant and Early Childhood Consultants throughout the state that are available to help child care providers recognize, understand, and respond to the social and emotional needs of the children, birth through age five, in their care.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Illinois' stabilization grants funded under the American Rescue Plan, the Child Care Restoration Grants, are available through this link:

<https://www.ilgateways.com/financial-opportunities/restoration-grants>. The grants are administered and awarded via the Illinois Network of Child Care Resource and Referral Agencies.

Grants are awarded by a short application (or by opt-in for previous grant recipients) to all programs who apply that meet basic eligibility criteria, which include either receiving a 2020 Child Care Restoration Grant or: being a licensed child care center or home or a license-exempt school-age center; regularly providing year-round child care services; typically relying on private-pay tuition and/or CCDF funding; being open and receiving children at the time of application; and certifying that operating capacity has been reduced or costs have increased due to COVID-19. To target providers in low-income communities, an additional 10% grant bonus is awarded to providers operating in COVID-19 Disproportionately Impacted Areas.

Providers have used funds to support all allowable uses included in the American Rescue Plan guidance, including personal protective equipment, personnel costs, technology and professional services, mental health services, and other costs of operation.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency identified areas with significant concentrations of poverty and unemployment based on data collected from Illinois Department of Employment Security, statewide Family Community Resource Centers, and the Census Bureau. The Lead Agency utilizes this data to identify areas that did not have a enough number of quality programs. Deep poverty means an economic condition where an individual or family has a total annual income that is less than 50% of the federal poverty level for the individual or family as provided in the annual report of the United States Census Bureau on Income, Poverty and Health Insurance Coverage in the United States.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The Lead Agency contracts with the Child Care Resource & Referral agencies to identify areas with significant concentrations of poverty and unemployment within their assigned Service Delivery Area. Once identified, the CCR&R will develop and implement strategies to increase quality child care in the targeted areas.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles.

To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved

alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

Data were collected between October and December 2020. Data are being cleaned and analyzed from February through June 2021. The report will be written and completed in summer 2021.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 04/25/2018

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

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

b) Local child care program administrators:

Child care providers from various parts of the state are members of the Child Care Advisory Council and the Early Learning Council.

c) Local child care resource and referral agencies:

CCR&Rs were consulted prior to the data collection period about the required data elements to collect, format of data collection, and procedures for consistency across all agencies.

d) Organizations representing caregivers, teachers, and directors:

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

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The market rate survey uses Child Care Resource & Referral Agency administrative data, and so is representative of the child care market as a whole. The primary focus of the report is on licensed programs. As such, market rates will be established for licensed child care centers, licensed family child care homes, and licensed family child care group homes. The report includes an appendix with analysis on the data that are available for license-exempt centers. The data are entered into the Data Tracking Program by Child Care Resource & Referral agencies (CCR&R) as part of the Market Rate Survey data collection period, which happens over a 3-month period (October-December of a given data collection year). CCR&Rs need to update at least 85% of the licensed homes and 85% of the licensed centers that are qualified to be part of the data pull. Most get close to 90-100% updates. Also, by contract CCR&Rs have to do a complete update of all the programs on the database each year. The majority of CCR&Rs do this complete update at the same time as they do the MRS update - which further increases the share of programs that have updated data for use in the MRS analysis.

ii. Provide complete and current data:

Illinois Market Rate Survey utilizes the Child Care Resource and Referral data (CCR&R regionally collected administrative data) from child care providers. Data is collected and input into a statewide database, managed by INCCRRA, following standardized procedures set forth in a manual and on which CCR&R staff has been trained. CCR&Rs are to achieve contact with 85% of centers and 85% of family child care homes during a three-month period of data collection. This method results in high sample rates, higher than typically experienced when sending out a survey. Market rate analysis is done and presented in the market survey report by type of care, child age groups, by CCR&R regions and by county. Market rates are compared to the Lead Agency's child care assistance rates within the report.

iii. Use rigorous data collection procedures:

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

iv. Reflect geographic variations:

The market rate will be established at several units of geography. First, rates will be calculated at the county level and will be reported if those rates are based on at least 3 slots. Rates will then be calculated at the level of CCAP county groups (Group IA, IB, and II). These county groupings reflect geographic variation in terms of the most

urban counties (Group IA) to the most rural (Group II). As an appendix to the main analysis, we will include analysis of license-exempt center rates. Due to the smaller numbers of these programs, the geographic analysis will be conducted at the level of service delivery area (SDA). The SDA is a grouping of 1 or more counties that break up the State of Illinois into the areas served by local CCR&Rs.

v. Analyze data in a manner that captures other relevant differences:

The Market Rate Survey also examines additional fees charged by providers and availability of care during non-standard hours.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

N/A

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

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

The market rate will be established at several units of geography. First, rates will be calculated at the county level and will be reported if those rates are based on at least 3 slots. Rates will then be calculated at the level of CCAP county groups (Group IA, IB, and II). These county groupings reflect geographic variation in terms of the most urban counties (Group IA) to the most rural (Group II). As an appendix to the main analysis, we will include analysis of license-exempt center rates. Due to the smaller numbers of these programs, the geographic analysis will be conducted at the level of service delivery area (SDA). The SDA is a grouping of 1 or more counties that break up the State of Illinois into the areas served by local CCR&Rs.

b) Type of provider. Describe:

The primary focus of the report is on licensed programs. As such, market rates will be established for licensed child care centers, licensed family child care homes, and licensed group family child care homes. An appendix is included with analysis on the data available for license-exempt centers.

c) Age of child. Describe:

The market rate will be established at the level of child's age. We do this analysis on two different groupings of ages. First, we will do the analysis by the following age groups, which align with child care licensing: infants, toddlers, twos, preschool (3-4), fives, and school-age. We will then do the analysis based on the age groups used for the CCAP reimbursement rates, which are: under age 2, age 2, and age 3 and older.

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

The MRS also examines additional fees charged by providers and availability of care during non-standard hours.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Lead Agency has completed a statewide model of the cost to provide high-quality early childhood education and care services and has sought federal technical assistance on methodologies to complete a narrow cost analysis. The Lead Agency is in the early stages of procuring a narrow cost analysis for the state.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency 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 Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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

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

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

The report is posted to the Lead Agency's website.

<https://www.dhs.state.il.us/page.aspx?item=117>

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

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

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate

how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$58.00

Full-time weekly base payment rate: \$290

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 42.1%

If the Lead Agency used an alternative methodology what percent of the estimated

cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$58.00

Full-time weekly base payment rate: \$290

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 42.1%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$40.00

Full-time weekly base payment rate: \$200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 40.2%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$40.00

Full-time weekly base payment rate: \$200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 72.6%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant

(6 months) Family Child Care:

Base payment rate:\$42.84

Full-time weekly base payment rate: \$214.20

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 71.9%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$42.84

Full-time weekly base payment rate: \$214.20

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 71.9%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$36.31

Full-time weekly base payment rate: \$181.55

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 61.7%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$36.31

Full-time weekly base payment rate: \$181.55

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70.3%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Daily rates were multiplied by 5.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Part-time is care provided less than 5 hours per day. Full-time care is 5 to 12 hours per day.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 7/1/21

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Cook County

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

<https://www.dhs.state.il.us/page.aspx?item=136091>

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

The payment rates are set by the Lead Agency for the entire state.

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

a. Geographic area.

Describe:

Providers are grouped by counties throughout the State. Child care markets are defined by specific geographical regions, age group, and type of care (family child care or center child care). Within the state of Illinois, child care markets are broken down into three reimbursement tiers represented by groups of counties with similar populations and makeups. Group IA consists of 7 urban counties: Cook, DeKalb, DuPage, Kane, Kendall, Lake, and McHenry. Families in these counties who are eligible receive the highest child care assistance rates in the state. Group IB is comprised of 16 counties spread throughout the state that have at least one urban area. These counties include: Boone, Champaign, Kankakee, Madison, McLean, Monroe, Ogle, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Whiteside, Will, Winnebago, and Woodford. Eligible families in these counties receive child care assistance below that of those families in Group IA but above the rates received by families who live in the counties represented by Group II. All other counties in Illinois, which are primarily rural, make up Group II and received the lowest rates of child care assistance.

b. Type of provider.

Describe:

Licensed providers receive higher payments than License-exempt providers.

c. Age of child.

Describe:

Payment rates are tiered based on children's age ranges, as follows: under age 2, age 2, age 3 and older.

d. Quality level.

Describe:

Illinois' Quality Rating and Improvement System, ExceleRate Illinois, is accessible for licensed child care centers and licensed family/group child care homes. Licensed programs that have a Silver (10%) or Gold (15%) Circle of Quality receive an add-on for each CCAP child in care; license-exempt family child care providers completing Training Tiers receive an add-on for each CCAP child in care. The percentage ranges from 10%-20% depending on the tiers completed.

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

Â

b. Differential rate for non-traditional hours.

Describe:

When care is provided more than 12 hours but fewer than 17 hours in a day, providers will use the full day rate for the first 12 hours of care and the part day rate for the remainder. When care is provided is for between 17 to 24 hours in a day, Â providers will use the full day rate for the first 12 hours and the full day rate for the remainder.

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

Describe:

Site administered contracted providers may receive a 20% add-on to their payment rate for children who have a demonstrated disability. The additional funds are used by the provider for supports such as the purchase of adaptive equipment and securing specialized training for the caregiver. This differential rate was established when the site-administered contracts were first created.

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

Describe:

Â

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

Describe:

Â

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

Describe:

Illinois Quality Rating and Improvement System, ExceleRate Illinois, is accessible for licensed child care centers and licensed family/group child care homes. Licensed programs that have a Silver (10%) or Gold (15%) Circle of Quality receive an add-on for each CCAP child in care; license-exempt family child care providers completing Training Tiers receive an add-on for each CCAP child in care. The percentage ranges from 10%-20% depending on the tiers completed. These differential rates were established when the ExceleRate Illinois system was established.

- g. Other differential rates or tiered rates.

Describe:

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4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

With rates aligned to those of the private child care market, providers are able to meet the health, safety, quality, and staffing requirements associated with their license type. The relationship between current base payment rates and the market rate varies from region to region within the state and across age groups. The Lead Agency continues to increase base payment rates based on the most recent Market Rate Survey and based on labor contract negotiations for home providers, toward the cost of providing high-quality child care services above and beyond basic health, safety, quality, and staffing requirements. In several counties and age ranges, this has resulted in rates that are above the 75th percentile of market rate.

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

The Lead Agency's Market Rate Survey calculates market rates based upon the daily

full-time price of child care for the given child care market. As a result, we further selected only those active providers accepting children on a full-time (or both full and part-time) basis and those who provide care during the school year or year round. Additionally, the sample was limited to those providers who gave valid enrollment/capacity data and valid rate information for at least one primary shift so that slot availability could be determined. Finally, the sample was limited to those providers who worked more than 35 hours a week and who indicated that their shift ran four or more days a week. This final sample includes 6,746 providers, which were further refined based on the analysis conducted. The Lead Agency relies on findings from the Market Rate Survey, combined with labor contract negotiations and the state's budget process, to set rates. The Lead Agency plans to incorporate findings from its first narrow cost analysis into future rate setting processes. The Lead Agency provided multiple rate increases throughout the duration of the COVID-19 pandemic to help providers cover increased costs related to the pandemic. As of January 2021, 78% of licensed child care centers and 86% of licensed homes accept CCDF. The high percentage of participation in the program exemplifies the adequacy of Illinois payments rates.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The current increases to daily rates were set through contract negotiations (for home providers) and the State budget process (for center providers). With regards to payment rates for higher-quality care through the Child Care Assistance Program quality add-on, a 10% add-on for programs at the Silver level of quality and a 15% add-on at the Gold level of quality was deemed comparable to what was paid under QRS and what Illinois could afford to continue to pay. Licensed child care providers who care for children participating in the Child Care Assistance Program (CCAP) and achieve a Silver or Gold Circle of Quality receive a quality rate add-on to the CCAP reimbursement rate for the CCAP children in their program. License Exempt providers earn a rate add-on when the provider achieves a higher tier of training. The amount of the add-on at each level/circle was developed through

workgroups and committees made up of a wide variety of stakeholders. Several scenarios were discussed among advocacy groups and ultimately decided based on the affordability to the state.

Although the Lead Agency has not yet completed its most recent MRS and narrow cost analysis (and has sought waivers for each), recent statewide cost modeling efforts indicate that payment rates for higher-quality care do not cover the estimated cost of care at each level of quality. The Early Learning Council (State Advisory Council) currently has an ExceleRate Subcommittee that is working to reevaluate the ExceleRate standards, while the Governor's Office of Early Childhood Development has invested Preschool Development Grant Birth to Five funding to pilot a restructured quality rating scale and payment structure to test revised payment rates based on quality. The Lead Agency anticipates using the findings from the upcoming MRS and Narrow Cost Analysis (for which the Lead Agency has sought a waiver), as well as the findings from this subcommittee and pilot program, to guide revisions to payment rates for high-quality care that relate to the estimated cost of care at each level of quality.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

N/A

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

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

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

- i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

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

Describe the policy or procedure.

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

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

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

Describe the policy or procedure.

N/A

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

Describe the policy or procedure.

N/A

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

Describe the policy or procedure.

N/A

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

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

CAAP Policy 06.03.01 - 70% Attendance Rule: Payment for all CCDF providers will be based on eligible days if the total of days attended for all CCAP children are 70% or higher of the family's eligible days. Providers who have less than 50% expected attendance due to disaster, mass illness or other reasons may apply for an Attendance Exemption to be paid for the affected days.

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

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

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

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

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

Describe the policy or procedure.

Illinois has drafted rules, policies, and data system updates to implement a payment practice that covers reasonable mandatory registration fees that providers charge to private-paying parents. These drafted policies include one-time payment to a provider at a set rate for registration fees for families receiving child care subsidy. The Lead Agency has begun the implementation process for policies regarding registration fees, but the Lead Agency will not begin paying for reasonable mandatory registration fees until after October 1, 2021.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

The IDHS Approval of Request for Child Care Payments is sent to approved applicants and providers once eligibility has been determined. Revised copies are sent to clients and providers at any time there is a change to the case that affects the information that is included in the notice (rates, approved days, co-payment amounts, and others).

The form lists the following relevant information: eligibility date range with a statement that payments cannot be made prior to the date of approval; parent co-payment amounts; a list of approved children in the family with information about all applicable daily rates, eligibility by the number of days per week; information on the client's right to appeal the decision within 30 days; a toll-free number to request an appeal; and a statement that the client may be represented by anyone of their choice.

Providers can only appeal decisions made about child care payments that cannot be honored according to IDHS policy. An example of this would be if the child care case were denied and the provider wanted to be paid for the care already provided. Providers must file appeals on decisions about child care payments with the Illinois Court of Claims. Home-based providers, both licensed and license-exempt, may file a grievance against the State for any dispute regarding the implementation of the contract provisions. Illinois does not charge providers for participation in the assistance program. Notices concerning reduced copayments, changing the 80% Attendance Rule to the 50% Attendance Rule and billing information dealing with COVID-19 were distributed and/or posted on social media and emails to providers via INCCRRA and SEIU.

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

CCR&Rs and Site Administered programs must review updated information submitted by families participating in the program. Changes must be reported to the CCR&R or Site within 10 days of the change occurring. CCR&Rs and Sites must review the change,

make any needed updates to the case and send a revised approval notice within 30 calendar days from receipt of the change information. New approval letters are issued when there are changes to eligible days, rates, co-pays as well as billing certificates that show the approved care arrangements.

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

[IDHS: 04.04.01 - Appeals \(state.il.us\)](#)

All applicants for or recipients of child care assistance have the right to appeal unfavorable decisions made about their child care case by CCR&R staff or Site Administered providers. Issues that can be appealed include, but are not limited to, the denial or cancellation of benefits, the copayment amount, the payment amount or non-payment of a child care subsidy, or any other unfavorable decision. Appeals must be filed within 60 days. The 60-day period begins the day after the unfavorable notice is signed and mailed. If the sixtieth day falls on a non-workday, the parent has until the end of the next workday to request a hearing. Failure to notify the CCR&R, Site Administered Child Care Provider, or the Department before the end of the sixtieth day constitutes a waiver of the individual's right to a hearing. The client may file an appeal: through the ABE portal at <https://abe.illinois.gov/abe/access/appeals>. Clients can file an appeal, withdraw an appeal, make changes to information, such as address or phone number, request continuances, and upload exhibits by setting up an account in the portal by calling the Department's toll-free number (800) 435-0774, by sending a written appeal either by fax, mail, or in person to IDHS local office serving the client, CCR&R serving the client; IDHS Bureau of Subsidy Management for cases managed by Site Administered Child Care Providers; IDHS Bureau of Assistance Hearings (BAH), Telephone: (800) 435-0774, Fax: (312) 793-3387, Email: DHS.BAH@illinois.gov, Mail: Bureau of Hearings 69 W Washington, 4th Floor, Chicago IL 6060

Notification of Scheduled Hearing - The Bureau of Assistance Hearing will give reasonable notice in writing that an appeal has been filed to the client, and the Bureau of Subsidy Management Appeals Coordinator. The Notice of Scheduled Hearing Letter will include information regarding the date of the notice, as well as the day, date and time of the scheduled hearing. Details will also include the BAH assigned Appeal number, the entity managing the client's CCAP case.

Bureau of Administrative Hearings will notify the Bureau of Subsidy Management Appeals Coordinator of each scheduled hearing by sending a Notice of Scheduled

Hearing (also referred to as a Docket). Bureau of Subsidy Management will notify the managing CCR&R Agency or the Site Administered Provider of any assigned hearings. When an appeal is scheduled, staff must attempt to resolve the issue locally by conducting a pre-hearing meeting. This pre-hearing meeting should be scheduled ten (10) calendar days (except agency observed holidays) after BAH has notified the client that an appeal has been scheduled. The pre-hearing meeting will include the Bureau of Subsidy Management Appeals Coordinator most of the times.

The Department shall issue and implement a Final Administrative Decision within 90 days after receipt of a notice of appeal and request for a hearing, unless additional time is required and allowed by the program's rules for a proper disposition of the appeal. This time period shall be extended by any delay in the hearing process caused by the appellant.

Per CCAP Policy 04.04.01 - Appeals (Effective 10/1/19)

Center based providers can only appeal decisions made about child care payments. Providers must file first-level appeals on decisions about child care payments directly with the IDHS Office of Early Childhood Bureau of Subsidy Management's Policy Unit within 60 calendar days of the payment or overpayment they are disputing. If the decision is not about a payment issue, the CCR&R /Site Administered provider will explain to the provider that the client must initiate the appeal process. If the provider is dissatisfied with the results of the first-level appeal, they can then file a second-level appeal through the DHS Bureau of Hearings.

Child care home providers have the right to file a grievance as stated in Article X of their Union contract. Assistance under this Part will not be continued at the previous level pending a hearing.

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

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

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The Lead Agency's payment practices mimic private-pay practices for child care, encouraging providers to serve children receiving child care subsidy. The 70% attendance rule provides security of payment to providers for all eligible days even if a child does not attend 100% of those eligible days. The Lead Agency's average payment process takes between 5-8 business days (although in some instances may take longer), resulting in timely payment.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

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

a. Limit the maximum co-payment per family.

Describe: .

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Copayments are based on family countable income and size. No co-payment is assessed higher than 7% of the family's countable income.

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

- d. Other.

Describe:

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No

- Yes. If yes:

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

Illinois allows non-site contracted providers to charge parents the difference between their private pay rates and the State's maximum rate. This was done to give parents a wider choice of child care providers. Our policy promotes affordability for families by allowing families the opportunity to choose how they manage their funds through offering a variety of quality child care providers (Licensed, Gold/Silver/Bronze rated through the ExceleRate QRIS system, Family, Friend, and Neighbor care providers, etc.).

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

Illinois' 2018 MRS reported that 23.7% of centers charge the difference between their private pay rates and the State's maximum rate to families, while 11.9% of homes charge the difference between these rates.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees. By allowing providers accepting CCDF subsidies to charge additional amounts to families, Illinois families are currently accessing 31% more of the child care center market and 13.5% more of the child care home market than they would be able to access without this flexibility.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child

care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

A provider authorized to provide child care services for fewer than 24 hours per day in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent(s) work.

ii. Describe the licensing requirements:

The application for license shall be completed by the officers of the governing body of the day care center, or its authorized representative; the following shall be attached to the application form: Articles of incorporation and by-laws, if incorporated, indicating that the center's corporate status is in good standing with the Illinois Secretary of State; statement of purposes and policies as required by Section 407.250(c); list of officers, board members and committees of the governing body; annual operating budget; staffing plan that includes job descriptions and the qualifications of the staff; written delegation of administrative authority as required by Section 407.70(b); a list of persons subject to the background check; a Radon Measurement; Lead testing results and mitigation plans; a certificate of completion of lead safety training; and proof of membership in the Gateways to Opportunity Registry by all staff and assistants and by the director of the facility with all their educational and training requirements entered into the registry.

iii. Provide the citation:

Department of Children and Family Services Requirements for Licensure, Part 407 Licensing Standards for Day Care Centers. 407.40 Purpose and Applicability and 407.45 Definitions

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

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.

ii. Describe the licensing requirements:

A complete application shall be filed with the Department of Children and Family Services on forms prescribed and provided by the Department including: signed and dated Application for Home License; a list of persons who will be working in the group day care home, including any substitutes and assistants, and members of the household age 13 and over; completed, signed and dated authorizations to conduct the background check for the applicant; each employee or person used to replace or supplement staff, and each member of the household age 13 and over; a completed, signed and dated Child Support Certification form; documentation that the applicant meets the qualifications for a caregiver in Section 408.45(e); the names, addresses and telephone numbers of at least 3 adults not related to the applicants, nor living in the household, who can attest to their character and suitability to provide child care; a written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care; a copy of high school diploma, equivalent certificate, or degree from a regionally accredited institution of higher education or vocational institution; proof of membership in the Gateways to Opportunity Registry by the primary caregiver and assistants in the group day care home with all educational credentials and pre-service training entered into the Registry; proof that the home has been tested within the last 3 years for radon, as established by rules of the Illinois Emergency Management Agency(32 Ill. Adm. Code 422) [225 ILCS 10/5.8]; and Lead testing results and mitigation plans when required by Section 408.30(i) and (j). The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training including Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), Safe sleep recommendations from the American Academy of Pediatrics, Shaken Baby Syndrome and Department approved Mandated Reporter Training for all licensees and assistants for applicants and assistants who will care for infants. Also, Applicants shall submit with their initial application a certificate of completion of lead safety training and a Fire Safety Inspection.

iii. Provide the citation:

Department of Children and Family Services Requirements for Licensure, Part 406

Licensing Standard for Day Care Homes, Part 408 Licensing Standards for Group Day Care Homes. 406.1 Purpose and 406.2 Definitions

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

N/A

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

N/A

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

The following providers are exempt from licensing requirements: Public or private elementary school systems or secondary level school units or institutions of higher learning that serve children who shall have attained the age of 3 years (Schools or College Lab Programs, Partially Exempt Programs); Private entities on the grounds of public or private elementary or secondary schools and that serve children who have attained the age of 3 years, except that this exception applies only to the facility and

not to the private entities' personnel operating the program; Programs or that portion of the program which serves children who shall have attained the age of 3 years and which are recognized by the State Board of Education (Illinois State Board of Education Recognized Schools); Educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multistate educational organization or association which regularly recognizes or accredits schools (Other Schools); Programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting standards of the State Board of Education and applicable fire marshal standards (Special Education Programs). Any type of day care center that is conducted on federal government premises (Federal Property); Part day child care facilities (Part Day Facilities); Is operated by churches or religious institutions as described in Section 501 (c) (3) of the federal Internal Revenue Code and receives no governmental aid, is operated as a component of a religious, nonprofit elementary school, operates primarily to provide religious education and meets appropriate State or local health and fire safety standards (Religious Education Programs); Programs or portions of programs that serve only school-age children and youth (defined as full-time) kindergarten children, as defined in 89 Ill. Adm. Code 407.45, or older), are organized to promote childhood learning, child and youth development, educational or recreational activities, or character-building and operate primarily during out-of-school time or at times when school is not normally in session (School-Age Only Programs).

ii. Provide the citation to this policy:

CCAP Policy 05.02.03 License Exempt Center Certification

<https://www.dhs.state.il.us/page.aspx?item=38525>

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers are monitored to confirm compliance with the health and safety training.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

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

ii. Provide the citation to this policy:

Illinois Department of Children & Family Services Rules 377-6

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers are monitored to confirm compliance with the health and safety training.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Agency defines these providers as Non-relative Exempt from Licensing (766) - Care provided in the home of the child. No more than three children may be cared for, including the provider's own children, or may care for all children from a single household, allowing the provider to care for more than 3 children.

ii. Provide the citation to this policy:

Illinois Department of Children and Family Services Rules 377-6, Legal Care Arrangements; Department of Children and Family Services Requirements for Licensure, Part 406 and 408; CCAP Policy 05.01.01 Legal Care Arrangements.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers are monitored to confirm compliance with the health and safety training.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Six (6) weeks through 14 months.

b. Toddler. Describe:

The Department of Children and Family Services defines toddlers as 15-23 months, while two-year old are grouped separately.

c. **Preschool. Describe:**

Three (3) to five (5) years old.

d. **School-Age. Describe:**

Five (5) to 13 years enrolled in school.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) **Licensed CCDF center-based care**

i. **Infant**

A. **Ratio:**

1:4

B. **Group size:**

12

ii. **Toddler**

A. **Ratio:**

1:5 for toddlers, ratio for 2-year-old is 1:8

B. **Group size:**

15 (toddlers), 16 (2 years old)

iii. **Preschool**

A. **Ratio:**

1:10

B. **Group size:**

20

iv. School-age

A. Ratio:

1:20

B. Group size:

30

v. Mixed-Age Groups (if applicable)

A. Ratio:

Infants (6 weeks through 14 months) 1:4, Toddlers (15 through 23 months) 1:5, Two years 1:8, Three years 1:10, Four years 1:10, Five years (preschool) 1:20, School-age: (Kindergartners present) 1:20. 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.

B. Group size:

Infants: 12, Toddlers: 15, Two years: 16, Three years: 20, Four years: 20, Five years: 20, School-age: (Kindergartners present): 30

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Although there is no regulation for staff to child ratios in license-exempt child care centers in Illinois, the ratio for licensed centers are used when Health and safety Coach visits are conducted when discussing best practices with the provider. License exempt centers are encouraged to align their ratios to that of DCFS licensing requirements, which are 1:20 for 5-year-olds and 1:30 for school age.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

1:8 for a caregiver alone, or up to 1:12 for a caregiver with an assistant.

B. Group size:

In a licensed day care home, 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.

In a licensed day care home, a caregiver and an Assistant under 18 Years of Age may care for:

- 1) A caregiver and an assistant under age 18 may care for: A) One of the groupings above 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.

In a licensed day care home, a caregiver and an Assistant 18 Years of Age or Older may care for:

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

groupings above 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 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.

In a licensed group day care home, the maximum number of children under the age of 12 cared for by a caregiver alone shall be 8 except when all the children are school age. The maximum number includes the caregiver's own children, related children and unrelated children under age 12 living in the home. A caregiver alone may care for children in accordance with the following age groupings:

A) A mixed age group consisting of: i) Up to 8 children under 12 years of age, of which ii) Up to 5 children may be under 5 years of age, of which iii) Up to 3 children may be under 24 months of age; or B) A mixed age group consisting of: i) Up to 8 children under 12 years of age, of which ii) Up to 6 children may be under 5 years of age, of which iii) Up to 2 children may be under 30 months of age; or

C) Up to 8 pre-school children if no child is under age 3; or

D) Up to 12 school age children.

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

In a licensed group day care home, 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. The maximum number includes the caregiver's own children, related 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 such 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, of which no more than 4 children may be under 15 months of age.

ii. Infant

A. Ratio:

1:3 (under the age of 24 months, if no more than 5 children are under the age of 5),
1:2 (under the age of 30 months if no more than 6 children are under the age of 5).

B. Group size:

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.

iii. Toddler

A. Ratio:

A caregiver alone: A caregiver alone may care for up to 3 children under the age of 24 months if no more than 5 children are under the age of 5 years or up to 2 children under the age of 30 months if no more than 6 children are under the age of 5.

B. Group size:

1:3 (under the age of 24 months, if no more than 5 children are under the of 5), 1:2 (under the age of 30 months if no more than 6 children are under the age of 5).

iv. Preschool

A. Ratio:

A caregiver alone: A caregiver alone may care for up to 3 children under the age of 24 months if no more than 5 children are under the age of 5 years or up to 2 children under the age of 30 months if no more than 6 children are under the age of

5.

B. Group size:

Care giver alone: The maximum number of children under the age of 12 cared for by a caregiver alone in a day care home is 8; for a group day care home by a caregiver alone shall be 8 except when all the children are school age. The maximum number includes the caregiver's own children, related children and unrelated children under age 12 living in the home.

v. School-age

A. Ratio:

1:8 or 2:12

B. Group size:

A caregiver alone: The maximum number of children under the age of 12 cared for in a day care home by a caregiver alone shall be 8. With an assistant, an additional 4 school agers may be cared for, for a total of 12.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

A license exempt home may care for three children in total or all 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.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

A license exempt home provider may care for 3 children in total or may care for all the children from a single household.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Teacher qualifications can be found in rules Section 407.100 General Requirements for Personnel and Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers.

Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development.

Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others.

Staff shall be at least 19 years of age, have a high school diploma or equivalency certificate (GED). Shall have achieved one of the following: 1) sixty semester hours (or 90 quarter hours) of credits from an accredited college/university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 2) one year (1,560 clock hours) of child development

experience in a nursery school, kindergarten, or licensed day care center and 30 semester hours (or 45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 3) completion of credentialing programs approved by the Department in accordance with Appendix G of the Illinois Department of Children & Family Services Day Care Licensing Standards.

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. A 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.

Completion of a training program accredited by the American Montessori Society or Association Montessori International may be substituted for the courses directly related to child care and/or child development required by this Section. Persons holding a Montessori pre-primary credential may supervise children through age six. Persons holding a Montessori primary or elementary credential may supervise children six years of age or older.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: Day care centers licensed for more than 50 children shall employ a full-time child care director, for 50 or fewer children or half-day programs with children attending no more than 3 consecutive hours per day, may employ a child care director who also serves

as a member of the child care staff. When the director serves in both capacities, must meet the qualifications of both the director and teaching positions. The child care director shall be 21 years of age, have a high school diploma or equivalency (GED). Shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others.

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; 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, 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.

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 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.

Completion of a training program accredited by the American Montessori Society or Association Montessori International may be substituted for the courses directly related to child care and/or child development required by this Section. Persons holding a Montessori pre-primary credential may serve as director to children through age 6. Persons holding a Montessori primary or elementary credential may serve as director to children 6 years of age or older.

When a program serves only school-age children, qualifications for the school-age director shall be as follows: 1) The school-age director shall be at least 21 years of age. 2) The school-age director shall meet both of the following requirements for education and experience: A) 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 school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; and B) At least 1560 clock hours of child development experience in a recreational program or a licensed day care center serving school-age children.

The child care director must successfully complete a basic training course of 6 or more clock hours on providing care to children with disabilities that has been approved by the Department. The day care center shall have on file a certificate attesting to the training of the child care director.

Effective 7-1-17, all new child care directors hired on or after July 1, 2017 shall have a minimum of an associate's degree in child development or early childhood education,

or the equivalent (defined as 64 semester hours in any discipline with a minimum of 21 semester hours of college credit in child development or early childhood special education) and either a Gateways to Opportunity Level 1 Illinois Director Credential or 3 semester hours of college credit or 3 points of credential-approved training in administration, leadership or management.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

None of the above requirements apply to license-exempt centers.

License exempt Centers obtaining written Confirmation of exemption must comply with all applicable Department of Human Services CCAP Background Checks, and Health, Safety, and Child Development requirements.

Background Checks

1. As a condition of eligibility to receive a state subsidy for providing child care services to eligible families, all license exempt child care providers under the Child Care Act of 1969 [225 ILCS 10] 5] are subject to background checks in accordance with CCAP Policy 05.03.01.
2. To be in compliance, license-exempt centers must ensure that all employees and volunteers whose duties require the employee or volunteer to be present during the hours children are present in the facility complete background checks. In addition, any person who is permitted to be alone with children receiving care in the facility is subject to the background check requirement. This applies to all current and conditional employees or volunteers as well as any individual used as replacement or supplemental staff in the direct care and supervision of children.
3. License-exempt centers must maintain verification of background check compliance and have them available for review by DHS CCAP or any of their representatives immediately upon request, which may be made during an onsite monitoring review or at any other time in written or printed format.

Health and Safety Standards Requirements

1. All legally License-exempt providers must comply with CCAP Provider Health and Safety Standards Requirements defined in Policy 05.01.03; including, Health, Safety and Child Development trainings described in Policy 05.05.01, in order to maintain status as a qualified CCAP provider.

Annual Inspection of Health and Safety Compliance

1. License-exempt Centers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards.

2. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

https://www2.illinois.gov/dcfs/aboutus/notices/documents/rules_407.pdf

and

https://www2.illinois.gov/dcfs/aboutus/notices/Documents/rules_408.pdf

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

For licensed day care homes, the caregiver shall be at least 18 years of age. The caregiver must have proof of a high school diploma, equivalent certificate, or degree from a regionally accredited institution of higher education or vocational institution. The caregivers and all members of the household shall provide medical evidence that they are free of reportable communicable disease, and, in the case of caregivers, free of physical or mental conditions that could interfere with the child care responsibilities. The licensee who is the primary caregiver shall be certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health. The caregiver shall successfully complete a Department approved basic training course of 6 or more clock hours in providing care to children with disabilities. Caregivers shall exhibit competence in the following specific areas: 1) Knowledge of basic hygiene, safety, and nutrition. 2) The ability to relate comfortably with parents and to communicate with them on differences in caregiving methods, values, and goals. 3) The ability to communicate with children. 4) The ability to set realistic controls for children and to enforce these without harshness or physical abuse. 5) Knowledge of the child's need to explore and manipulate and the willingness to provide and maintain a home where children can enjoy living and learning. 6) Using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children. The caregivers may not work or be employed outside the home during the hours the day care home is licensed. The caregivers shall

complete 15 clock hours of in- service training per licensing year.

For licensed group day care homes, the caregivers shall be at least 21 years of age. The caregivers shall have a high school diploma or equivalency certificate. The caregiver 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 an approved credentialing program. The caregivers shall complete 15 clock hours of in-service training per licensing year.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

For license exempt non relative day care homes, the caregiver shall be at least 18 years of age. The caregiver shall be certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health, and the caregiver must complete Mandated Reporter training. The caregiver must use developmentally appropriate behavior management techniques that do not constitute corporal punishment of children.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

https://www2.illinois.gov/dcfs/aboutus/notices/documents/rules_406.pdf

and

https://www2.illinois.gov/dcfs/aboutus/notices/Documents/rules_408.pdf

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

- ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:
None of the above requirements apply to license-exempt homes.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements

will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standard precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. Children medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (<http://www.idph.state.il.us>). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when

children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03, Child Care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to particular program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care. Policy 05.05.01 will be revised to include adding specific language around Pediatric or Age Appropriate trainings. Policy 05.05.01- CCAP Provider Health, Safety, and Child Development Training Requirements has been revised to include adding specific language around Pediatric or Age Appropriate trainings.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies and the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care provider must ensure that safe sleep practices for all children are followed. All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall asleep in other locations such as a swing or car seat must be moved immediately. Documentation: A parent must provide a documented medical reason signed by a physician if an infant is to be placed to sleep in a position other than his or her back. All licensed providers caring for infants are required to take SIDS training within 30 days of hire. All licensed exempt providers are encouraged to take SIDS training if caring for an infant.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03- CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

05.05.01- CCAP Provider Health, Safety, and Child Development Training Requirements Policy Statement: The Illinois Department of Human Services (IDHS) partners with child care providers to serve low income families through the Child Care Assistance Program (CCAP). To help ensure the health and safety of children, providers participating in the IDHS CCAP must meet Federal Regulations 45 Code of Federal Regulation (CFR) Subpart D, §98, regarding health, safety and child development training, complete other Department specified training where applicable, as well as ongoing annual training each calendar year thereafter. Qualified CCAP providers must be in compliance with the training requirements in order to achieve and maintain eligibility to receive CCAP payments. Training completion is subject to monitoring and inspection.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Providers that watch only school age children (5-13) are not required to complete this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies and the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03- CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe

environment. While most of the health and safety standards will apply to all programs, some are specific to program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by Child Care Resource & Referral agencies and the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include: 1) Written instructions regarding the food(s) to which the child is allergic and the steps that need to be taken to avoid that food, 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; confidentiality should be maintained in compliance with any laws or regulations.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03- CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care

Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to particular program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies and the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

During the hours when children are in care, child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Any thermal hazards (radiators, hot water pipes, steam pipes, heaters) in the space occupied by children shall be out of the reach of children or be separated from the space by partitions, screens or other means. Sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs, sharp instruments, power tools, cleaning supplies and any other such item which may be harmful to children shall be kept in areas inaccessible to children. Electric outlets within the reach of children shall be covered. The outdoor play area shall be adequately protected from traffic, water hazards, electrical transformers, toxic gases and fumes, railway tracks and animal hazards; children should be observed closely when playing.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03, CCAP Provider Health and Safety Standards Requirements child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Child Care Application (IL444-3455) Section 7 - Child Care Provider Certification - "The children will be supervised (indoors and outdoors) at all times." Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies and the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Staff who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Caregivers learn to identify symptoms and signs of possible shaken baby syndrome like extreme fussiness and irritability, difficulty staying awake, poor eating, vomiting, paralysis, pale skin or signs of child abuse and to immediately report to the authorities. The lead agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03 - CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to the program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5). The lead agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Providers that watch only school age children (5-13) are not required to complete this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care providers must be able to plan for, recognize and handle emergencies and hazards. Emergency preparedness includes the setting's response to shelter-in-place emergencies that addresses violence, shootings and bombings in addition to natural disasters. From the date care is provided a timely method of communication must be established and agreed upon (phone, email, text, etc.) between the parent/guardian and the child care provider. Emergency contact information must be posted and accessible to relevant staff (if applicable). The child care provider must maintain a written record on each child that includes the name(s) of the child's parent(s); the telephone number(s) and/or alternate agreed upon method of communication at which the parent(s) can be reached during the hours the child is in care; an emergency contact in the event the parent(s) cannot be reached; and the number of hours each child is served 407.70k). The center shall develop a written risk management plan that identifies potential operational risks, specifies ways to reduce or eliminate the risks and establishes procedures to be followed in an emergency or crisis. All staff shall be trained in the implementation of the plan. This risk management plan shall specifically address at least the following: (8) emergency and disaster preparedness plans, including fire drills and evacuation plans. Within the preparedness plan, providers are to also share a layout (drawing or printout) of their home depicting the emergency exits. Providers are also required to thoroughly explain how they intend to remove children with disabilities and infants (i.e., wagon, crib, etc.) Each month providers are required to conduct fire and tornado drills. This requirement is reviewed annually during their yearly monitoring visit.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03 - CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in

the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to the program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care settings must have appropriate procedures for handling and storage of medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03 - CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in

the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to the program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care providers must ensure the safety of children in all activities of child care. Proper restraint systems and the correct use of them are critically important during travel to/from the child care setting as well as a part of the activities of the setting. The child care provider must ensure that children are never left unattended in a vehicle. Smoking is prohibited in vehicles used to transport children. Only insured, licensed, well-maintained vehicles will be used to transport children. Drivers will be legally licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely. Drivers will meet staff qualifications including the applicable background check.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03 - CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to the program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All child care providers must have current certification in pediatric rescue breathing and first aid treatment from a certified instructor. Providers must complete training and is currently certified in first-aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver. First Aid and CPR vary by the age of the child (i.e., pediatrics for infants)

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

According to Child Care Assistance Program Policy 05.01.03 - CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in

the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to the program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Mandated reporters are professionals who may work with children in the course of their professional duties. Child Care providers are considered mandated reporters and are in the best position to identify signs of harm to children and to take the steps necessary to help protect them. The report shall include the names and contact information for the other mandated reporters sharing the reasonable cause to believe that a child may be an abused or neglected child. The designated reporter must provide written confirmation of the report to those mandated reporters within 48 hours. If confirmation is not provided, those mandated reporters are individually responsible for immediately ensuring a report is made. All providers are required to take "Welcome To Recognizing And Reporting Child Abuse: Training For Mandated Reporters". The purpose of this online course is to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse. Everyone who suspects child abuse or neglect should call the Illinois Department of Children and Family Services Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so. This Training Includes: A pre-training assessment (13 multiple-choice questions) 60-90 minutes of self-paced interactive training A post-training assessment (13 multiple-choice questions) A Certificate of Completion.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standard by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

(325 ILCS 5/4)

Sec. 4. Persons required to report; privileged communications; transmitting false report.

(a) The following persons are required to immediately report to the Department when they have reasonable cause to believe that a child known to them in their professional or official capacities may be an abused child or a neglected child: (6) Child care personnel, including any: early intervention provider as defined in the Early Intervention Services System Act; director or staff assistant of a nursery school or a child day care center; or foster parent, homemaker, or child care worker.

According to Child Care Assistance Program Policy 05.01.03 - CCAP Provider Health and Safety Standards Requirements, child care provider approval for participation in the Child Care Assistance Program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. The health and safety standards for the Child Care Assistance Program outline the minimum requirements for a healthy and safe environment. While most of the health and safety standards will apply to all programs, some are specific to the program settings. The Department of Human Services identified license-exempt child care providers must agree to a formal annual inspection of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CCAP Policy 05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Department of Children and Family Services Rules 407 Licensing Standards for Day Care Centers (407.120 e 1-5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive notification of health and safety standards several ways; emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

05.05.01 CCAP Provider Health, Safety and Child Development Training Requirements. Training content is based on the CCDF required training topics and includes but is not limited to First Aid (age specific), Cardiopulmonary Resuscitation, prevention of sudden infant death syndrome and use of safe sleep practices, prevention of infectious diseases, administration of medication and parental consent, prevention and response to emergencies due to food and allergic reactions, building and physical premises safety, prevention of shaken baby syndrome and abusive head trauma, handling and storage of hazardous materials, precautions in transporting children and basic information around child development:cognitive, social/emotional, language and physical.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in training requirement for the standard by category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Providers receive notification of health and safety standards several ways: emails, memos, policy updates, outreach by child care resource & referral agencies, the Illinois Network of Child Care Resource & Referral Agencies, and social media.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Licensed child care centers must complete 15 hours of ongoing training as appropriate to the provider setting and the age of children served that address the health and safety and child development topics. In addition, every three years, licensed child care providers are required to retake Mandated Reporter training; for those in a licensed child care center that is licensed to care for newborns and infants, all staff including the director must complete training on Sudden Unexpected Infant Death (SUID), SIDS, and the same sleep recommendations of the American Academy of Pediatrics.

b. License-exempt child care centers:

Licensed-exempt child care centers must complete 6 hours of ongoing training, there are

no particular health and safety topics required at any level of frequency for this provider type. The six hours of required ongoing training must be focused on one or more of the required health and safety training topics.

c. Licensed family child care homes:

Licensed family child care homes must complete 15 hours of ongoing training as appropriate to the provider setting and the age of children served that address the health and safety and child development topics. In addition, every three years, licensed family child care homes providers are required to retake Mandated Reporter training; for those in a licensed family child care home that is licensed to care for newborns and infants, the caregiver must complete training on Sudden Unexpected Infant Death (SUID), SIDS, and the same sleep recommendations of the American Academy of Pediatrics

d. License-exempt family child care homes:

License-exempt family child care homes must complete 6 hours of ongoing training, there are no particular health and safety topics required at any level of frequency for this provider type. The six hours of required ongoing training must be focused on one or more of the required health and safety training topics.

e. Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

N/A

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Assigned staff is certified in food service sanitation and is on site to manage the preparation and/or service of food, including the service of catered food. Nutrition,

sanitation, food storage and preparation, and age appropriate feeding are addressed in the following Illinois Department of Children & Family Services Day Care Licensing Standards: Section 407.330 Nutrition and Meal Service, 406.17 Nutrition and Meals, and Section 408.80 Nutrition and Meals. Training must be completed every three years. License-exempt providers are not required to take this training.

b. Access to physical activity:

Describe:

Daily indoor and outdoor activities in which children make use of both large and small muscles. The day care provider shall be required to encourage children of all ages to participate daily in at least 2 occasions of age-appropriate outdoor time, with active movement or play for children who are mobile, weather permitting, and in a safe environment. In inclement weather, active play shall be encouraged and supported in indoor play areas. For pre-school programs in which individual children receive care for less than 3 hours per day, outdoor activities are recommended to be encouraged by the day care provider, but not required. Active play is addressed in the following Illinois Department of Children & Family Services Day Care Licensing Standards: Section 407.200 Program Requirements for All Ages, Section 406.16 Activity Requirements, and Section 408.85 Program. Training must be completed every three years. License-exempt providers are not required to take this training.

c. Caring for children with special needs:

Describe:

Illinois Department of Children & Family Services Licensing Standards for Day Care settings require successful completion of a basic course of 6 or more clock hours on providing care to children with disabilities that has been approved by the Illinois Department of Children & Family Services, and have program requirements for serving children with special needs. Illinois Department of Children & Family Services Day Care Licensing Standards 407.100c4. Training must be completed every three years. License-exempt providers are not required to take this training.

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

License Exempt Providers are monitored annually by the Health and Safety Coaches. All standards cited in CCAP policy 05.01.03 are addressed during the monitoring visit. Licensed providers receive annual monitoring visits that are conducted by IDCFS Day Care Licensing Representatives. During the visit, Reps review staff and children files to ensure trainings, physicals, immunizations, etc. are current. The Rep also does a thorough walkthrough of the facility to ensure ratios are met and the building and equipment are in compliance with state and federal regulations.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

Required Health and Safety training cited in CCAP Policy 05.05.01 are tracked through the Child Care Resource & Referral Agencies' Data Tracking Program and verified during the annual Health and Safety Monitoring visit.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

For licensed providers and licensed exempt centers compliance is ensured through the

initial application process and annual monitoring visits. For licensed exempt non-relative home providers, compliance is ensured through self-certification and annual monitoring visits.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

The Department of Children and Family Services will not allow a license or permit to be issued without an in-person inspection of the facility, inside and out, including a clearance which resulted from a separate, independent fire inspection by the Office of the Illinois State Fire Marshall. All licensing standards must be in compliance prior to the recommendation for the license or permit. Day Care Centers' license applications shall include proof of membership in the Gateways to Opportunity Registry by all staff and assistants and by the director of the facility with all their educational and training requirements.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

All licensed providers, CCDF or not, are subject to an annual unannounced monitoring visit for the purpose of determining compliance with day care licensing standards.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

Annual monitoring is conducted once per year, in addition to unannounced post-violation monitoring to ensure compliance and on-going compliance with licensing standards for which the provider has been cited, unannounced compliant investigation visits, and when determined necessary due to a history of noncompliance. The Department also conducts monthly unannounced monitoring visits when the center is on their permit (6 months of licensure), and weekly when the center is operating under a protection plan due to a pending child-abuse neglect report or licensing complaint.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Monitoring process frequency depends on the licensing status and if there is a protective or corrective plan issued. For providers with a permit, the monitoring visit is conducted monthly during the permit period and during initial or provisional license within 60 days of issuance. If the provider is under a protective or corrective action plan, the monitoring visit is per scheduled on the plan. After the corrective action plan is completed, the monitoring visit occurs within seven days after the corrective plan end date when violations pose a threat to the health and safety of children, otherwise, within 60 days.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Ill. Admin. Code tit. 89 § 383.25

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

The Department of Children and Family Services will not allow a license or permit to be issued without an in-person inspection of the facility, inside out. For group day care homes or daycare homes which desire to conduct child care in a basement or 2nd floor or higher, a clearance which resulted from a separate, independent fire inspection by the Office of the Illinois Fire Marshall is required. Fire inspections standards are built into the licensing regulations to allow Department's licensing representatives to conduct a similar inspection for homes that wish to care for children on a ground level. All licensing standards must be in compliance prior to the recommendation for the license or permit. The license application for Day Care Homes and Group Day Care Homes shall include proof of membership in the Gateways to Opportunity Registry by the primary caregiver and assistants in home with all the educational credentials and pre-service training entered into the Registry.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

All licensed providers, CCDF or not, are subject to an annual unannounced monitoring visit for the purpose of determining compliance with day care licensing standards.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

Annual monitoring is conducted once per year, in addition to unannounced post-violation monitoring to ensure compliance and on-going compliance with licensing standards for which the provider has been cited, unannounced complaint investigations visits, and when determined necessary due to a history of noncompliance. The Department also conducts monthly unannounced monitoring visits when the provider is on their permit (first 6 months of licensure), and weekly when the provider is operating under a protection plan due to a pending child/abuse neglect report or licensing complaint.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Monitoring process frequency depends on the licensing status and if there is a protective or corrective plan issued. For providers with a permit, the monitoring visit is conducted monthly during the permit period and during initial or provisional license within 60 days of issuance. If the provider is under a protective or corrective action plan, the monitoring visit is per scheduled on the plan. After the corrective action plan is completed, the monitoring visit occurs within seven days after the corrective plan end date when violations pose a threat to the health and safety of children, otherwise, within 60 days.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Ill. Admin. Code tit. 89 § 383.25.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to

comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Illinois Department of Children & Family Services.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards

(658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

The Lead Agency identified CCDF license-exempt child care providers receive an announced annual monitoring visit to ensure compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws. During the monitoring visit, the Health and Safety Coach will review identified Health and Safety standards and indicate if the standard is in place. For any standard that is not being met, technical assistance will be provided, and a Corrective Action Plan will be developed and a timeframe to correct the standard set. The Health and Safety Coach will do a follow up visit to ensure the corrective action plan is completed.

i. Provide the citation(s) for this policy or procedure

05.01.03 CCAP Provider Health, Safety, and Child Development Training Requirements. <https://www.dhs.state.il.us/page.aspx?item=85480>.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

The Lead Agency identified CCDF non-relative license-exempt familychild care providers, will receive one announced annual monitoring visit to ensure compliance with the CCAP Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws. The Health & Safety Coach contacts the license exempt provider to schedule an on-site monitoring visit. During the scheduling call, the Health & Safety Coach explains what the visit will include: a walk through of the areas where child care is provided using the Health & Safety checklist,

<http://intranet.dhs.illinois.gov/onenetlibrary/12/documents/Forms/IL444-65.pdf><http://intranet.dhs.illinois.gov/onenetlibrary/12/documents/Forms/IL444-4965.pdf>, a review of specific documents (e.g., children's files, emergency contact list, medicine log, training certificates, etc.,) The Health & Safety Coach follows up with a confirmation letter. During the monitoring visit, the Health and Safety Coach will review identified Health and Safety standards and indicate if the standard is in place. For any standard that is not being met, technical assistance will be provided and a Corrective Action Plan will be developed and a timeframe to correct the standard set. The Health and Safety Coach will do a follow up visit to ensure the corrective action plan is completed.

i. Provide the citation(s) for this policy or procedure

05.01.03 CCAP Provider Health and Safety Standards Requirements

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

The Lead Agency contracts with the Child Care Resource and Referral agencies to conduct announced annual visits to the license exempt centers and non relative license exempt family child care providers to ensure the health and safety standards and practices are being followed. Scheduled follow up visits occur if a corrective action plan was created during the annual visit. Differential monitoring procedures are used for

license-exempt care provided in the child's home. The Lead Agency does not have monitoring procedures for license-exempt care that is provided in the child's own home. Illinois does not have monitoring procedures for license-exempt family child care provided in the child's own home.

b. Provide the citation(s) for this policy or procedure.

CCR&R Health & Safety Coach Policy & Procedure Guide. CCAP policy 05.05.01.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Lead Agency contracts with the Child Care Resource & Referral agencies to conduct the license-exempt Health and Safety monitoring visits.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The Illinois Department of Central Management Services is the personnel agency for the State of Illinois. An official job description with required qualifications exists for the Day Care Licensing Representative position. Individuals who apply for these jobs must meet the requirements, which include a minimum of a bachelor's degree and college coursework in early childhood or child development and/or experience in licensing or in a licensed child care setting. A minimum requirement for supervisors is a Masters' Degree. License Exempt Monitors must be pre-screened by the IDHS Family Community Resource Centers (FCRC)/Employment and Training Liaison staff, have at least a high

school diploma or high school equivalency, be able to clear a comprehensive background check including Child Abuse and Neglect Tracking System, Sex Offender Registry, and Criminal Background via fingerprint check, successfully complete the required training, have a valid driver's license and auto insurance, have basic oral and written communication skills and basic computer skills.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Once hired, individuals receive on-the-job training from the Day Care Licensing Division which includes supervisors & licensing staff, which includes all of the day care licensing standards for all three types of facilities, including health and safety, and must pass tests on the licensing standards for child care centers, family child care homes, group child care homes, and the Illinois Child Care Act. Since child care facilities cover ages 0-12 years, for both homes and centers, the training received covers different ages and settings. Also, child development is a basic component of the required bachelor's degree the License representative is required to have. These individuals are not assigned a case load until they have successfully passed these tests and completed on-the-job training.

c. Provide the citation(s) for this policy or procedure.

225 ILCS 10/5) (from Ch. 23, par. 2215)Sec. 5. (a) (c)

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The average day care caseload statewide as of July 1, 2020 is 83 facilities per worker. When actual workload based on facility type is taken into account (known as weighted caseloads) the average rises to 111 facilities per worker. Day Care caseloads may either be blended (a mixture of both homes and centers) or specialized (only homes or only centers).

b. Provide the policy citation and state/territory ratio of licensing inspectors.

The average day care caseload statewide as of July 1, 2020 is 83 facilities per worker.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i),

98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

- Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

- All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

ii. Sex offender registry or repository check in the current state of residency

- Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

- All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

iii. Child abuse and neglect registry and database check in the current state of residency

- Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

ii. Sex offender registry or repository in any other state where the individual has

resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

All other providers eligible to deliver CCDF Services

Citation:

05.03.01-Provider Background Checks. ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES Rule 385.30C

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their

staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The Background Check is required for all eligible individuals working in a licensed or licensed exempt child care facility who may have unrestricted or unsupervised access to children in care, who are not related to the children in care and in accordance with the Federal Child Care Development Grant (CCDBG). All background checks are carried out by the Background Check Unit from the Illinois Department of Children and Families Services. Upon completion of the Authorization for Background Check form, the Background Check Unit search if the applicant has been already fingerprinted. If results are found, the child care program director or owner will receive notice indicating that fingerprinting it is not necessary for the individual; if the search indicates that there is no record of been fingerprinted, a notice will be sent with information concerning the steps to be fingerprinted. After having the fingerprint information, the Background Check Unit will request to the corresponding agencies, in-state and inter-state to search criminal repository, including a search of the Sex Offender Registry. Background Check Process for staff working in licensed programs: Staff are to sign and submit form 718 B (Authorization for Background Check) prior to the first day of employment (as part of their hiring paperwork). Once this form is signed, the provider will submit the form to the IDCFS Day Care Licensing Representative. The Representative will check the fingerprint directory to determine if the staff member has been fingerprinted in the past. If the staff has not been fingerprinted, they will be instructed to do so and provided with the locations nearest them. They will take form 718 B with them and the fingerprint facility will submit to the Illinois State Police for processing. If the staff has been fingerprinted in the past, form 718B will be sent directly to the Background check unit for processing. IDCFS will notify the provider upon background check clearance. Background Check Process for

staff working in license-exempt programs: All employees who are required to do a background check must complete an Authorization for Background Check form 718LE and return it to the Child Care Resource and Referral Agency (CCR&R) within ten (10) business days. If an employee has already been fingerprinted, that individual will not need to be printed again. IDHS will check the DCFS database and let each person know whether or not they need to be fingerprinted. For those employees who need to be fingerprinted, a copy of the Authorization form and the confirmation screen from the DCFS database will be returned to the employee. Individuals who need to be fingerprinted must take the completed 718 LE (Authorization for Background Check form), IDCFS confirmation screen, and a valid government issued ID (driver's license or ID card) to the fingerprint facility. The CCR&R will notify the provider of the clearance.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Illinois does not charge providers for fees incurred to conduct background checks. All costs incurred are paid by Illinois Department of Children & Family Services in accordance with the Inter-Government Agreement; the Department of Children and Family Services bills the Lead Agency for all costs incurred for conducting checks for the license-exempt provider population. The Lead Agency provides additional funding to the Department of Children & Family Services to process license-exempt provider background checks under Article II of the Intergovernmental Agreement.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

New staff members may start working in a child care program on a provisional basis only

if either a satisfactory FBI fingerprint check or a fingerprint check of the state where the prospective staff resides is received. To ensure the health and safety of the children served, the prospective staff is supervised all the time by another staff who has received a background check clearance. The prospective staff member will be on a provisional basis status until all background check clearances have been received with a satisfactory outcome. Rule 385.40 (h) Limitations on the Use of Conditional Employees: Conditional employees shall not be left alone with children outside the visual and auditory supervision of staff until they have cleared a check of CANTS/SACWIS and the Illinois Sex Offender Registry. (Source: Ammended at 39 Ill. Reg. effective March 25, 2015).

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Once the Provider indicates having lived outside of the State, the Department follows the requirements of that State to obtain background checks. This process is done through the Background Check Unit from the Illinois Department of Children and Families Services.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The Comprehensive Background Check is to be completed every five years, except for interstate checks. Since Illinois' license period is three years, the Comprehensive Background Check will take place during the Renewal of license. However, to avoid being out of compliance, Background Clearances should always be within the five-year period.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Per section 385.40c) Employees Absent from Active Duty: Employees who have been separated from a child care facility licensed by the Department of Children and Family Services for six months or longer (for reasons other than vacation, sabbatical leave, sick

leave or maternity leave) shall no longer be considered current employees. Upon their return to active duty, such individuals shall be required to again authorize a background check pursuant to this Part.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

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

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

A completed and signed Authorization for Background Check, which can be found on the

Illinois Department of Children and Family Services website, initiates the background check process. Child Care Providers should submit a completed and signed Authorization for Background Check Form to the Licensing Representative assigned to the home or center. Upon receipt of the form, the Background Check Unit initiates the process. After completing all the checks, the Unit will send a letter to the program director or owner indicating only if a clearance or not for the applicant.

If the individual's background check indicates a history of record, depending upon the nature of the conviction(s), the information may either be found to be an Absolute Bar to licensure or employment in a child care facility or a history which requires a Waiver from the Director of the Department of Children and Family Services. Since all State criminal history information and FBI history cannot be shared with an employer, if there is a Bar, the individual will be provided information as to the results and options. If it is a Waivable Bar, the individual will be provided information as to the results, options and waiver request process. The employer will only be provided general information as to the denial or approval of the clearance, not specific information regarding the number or types of convictions. The information provided will also outline steps to appeal a denial if one was given, based on errors and misinformation. There are some instances in which a history of record may receive a waiver from the Director of the Department of Children and Family Services. If the offense occurred more than 5 years prior to the application (10 years for drug offenses) if the nature of the crime for which the individual was convicted is considered, and if the applicant meets all other requirements and qualifications to obtain a license to operate the pertinent type of child care facility, they provider may request a waiver for a subset of offenses in great detail:

https://www2.illinois.gov/dcf/aboutus/notices/Documents/Rules_385.pdf

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

N/A

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The Background Check is required for all eligible individuals working in a licensed or

licensed exempt child care facility who may have unrestricted or unsupervised access to children in care, who are not related to the children in care and in accordance with the Federal Child Care Development Grant (CCDBG). All background checks are carried out by the Background Check Unit from the Illinois Department of Children and Families Services. Upon completion of the Authorization for Background Check form, the Background Check Unit search if the applicant has been already fingerprinted. If results are found, the child care program director or owner will receive notice indicating that fingerprinting it is not necessary for the individual; if the search indicates that there is no record of been fingerprinted, a notice will be sent with information concerning the steps to be fingerprinted. After having the fingerprint information, the Background Check Unit will request to the corresponding agencies, in-state and inter-state to search criminal repository, including a search of the Sex Offender Registry. Results are received by the Background Check Unit and if the individual's background check indicates a history of record, depending upon the nature of the conviction(s), the information may either be found to be an Absolute Bar to licensure or employment in a child care facility or a history which requires a Waiver from the Director of the Department of Children and Family Services.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

IDHS/CCAP staff are required to send the authorization for background check form, and the confirmation screen to the provider and/or household member for completion (both the relative and nonrelative provider letters contains fingerprint instructions). Individuals have 21 business days to be fingerprinted. If the individual does not complete fingerprinting within 21 days, the provider will be closed out and the client will receive a change of provider form. The state has put Rules, policies, and procedures in place to ensure background checks are processed within 45 days, as the ultimate timeline relies on the applicant adhering to said Rules/policies/procedures.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

If the applicant has indicated on the authorization form that the residence is in another state, the Background Check Unit will request to the corresponding agencies for an interstate search of the criminal repository, including a search of the Sex Offender

Registry. Results are received by the Background Check Unit and if the individual's background check indicates a history of record, depending upon the nature of the conviction(s), the information may either be found to be an Absolute Bar to licensure or employment in a child care facility or a history which requires a Waiver from the Director of the Department of Children and Family Services. Illinois conducts; CANTS, SOR, ISP, FBI, CANTS/SOR & Criminal History Check where residing in the preceding five years.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

All Illinois State Police and FBI criminal history responses will be forwarded to the qualifying entity, not the live scan vendor. An Illinois State Police response will provide any Illinois conviction information contained in the files of the Illinois State Police. An FBI response will provide conviction as well as any non-conviction information contained in the national criminal history record information database. The Illinois State Police is prohibited from disseminating any juvenile criminal history record information unless the juvenile was tried and convicted as an adult.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

All Illinois State Police and FBI criminal history responses will be forwarded to the qualifying entity, not the live scan vendor. An Illinois State Police response will provide any Illinois conviction information contained in the files of the Illinois State Police. An FBI response will provide conviction as well as any non-conviction information contained in the national criminal history record information database. The Illinois State Police is prohibited from disseminating any juvenile criminal history record information unless the juvenile was tried and convicted as an adult.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and

neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

All Illinois State Police and FBI criminal history responses will be forwarded to the qualifying entity, not the live scan vendor. An Illinois State Police response will provide any Illinois conviction information contained in the files of the Illinois State Police. An FBI response will provide conviction as well as any non-conviction information contained in the national criminal history record information database. The Illinois State Police is prohibited from disseminating any juvenile criminal history record information unless the juvenile was tried and convicted as an adult.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

Target date to be implemented: 10/1/21. This information will be posted on the consumer education website by 10/1/21.

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name

- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

Target date to be implemented: 10/1/21. This information will be posted on the consumer education website by 10/1/21.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms

- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

Target date to be implemented: 10/1/21. This information will be posted on the consumer education website by 10/1/21.

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

Offenses affecting public health, safety, and decency. Rule 385 Appendix A.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the

results of individual background checks. (98.43(e)(2)(iii)).

Applicants that are eligible to work in a licensed child care center or home are issued a Clearance Letter which is mailed directly to the child care provider. Applicants of a License-exempt child care setting receives a "Pass" or "Fail" to indicate eligibility to work.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

The Applicant has the right to request a copy of their criminal history. The information provided will outline the steps to appeal a denial if one was given, based on errors and misinformation. The appeal process involves submission of supporting documentation to an unbiased, three-person panel that will review the history and the documentation and determine if the denial is to be upheld or overturned. The Lead Agency does not have specific procedures in place for overturning drug related disqualifications.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Providers may appeal negative results received from a background check conducted. Applicant may challenge the accuracy or completeness of background checks directly with the agency that indicated a failed check. Appeals or challenges to negative findings of Child Abuse and Neglect are filed with the Illinois Department of Children & Family Services. The Illinois State Policy handles all appeals or challenges to findings of criminal history and sex offender registry matches.

Upon receiving a Record Challenge form, the Illinois State Police will provide a written response informing the individual of any action taken by the Illinois State Police to correct the individual's criminal history record. If the Illinois State Police determines that there are no corrections to be made, a statement to that fact will be provided to the individual as well.

Since the FBI's Criminal Justice Information services (CJIS) Division is not the source of the data appearing on Identification Records and obtains all data thereon from fingerprint submissions or related identification forms submitted to the FBI by local, state and

federal agencies, the responsibility for authentication and correction of such data rests upon the contributing agencies. Therefore, the rules set forth for changing, correcting or updating such data requires that the subject of an Identification Record make application to the original contributing agency (e.g., police department, county court, etc.). An individual may appeal or challenge the information contained in the FBI Identification Record by contacting the original agency that submitted the information to the FBI or the state central repository in the state in which the arrest occurred. These agencies will be able to furnish the guidelines for correction of the Record. The FBI is not authorized to modify the Record without written notification from the appropriate criminal justice agency.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Applicants must follow the appeal process for that state.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Applicants must follow the appeal process for that state.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.
Describe:
- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.
Describe:
- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.
Describe:
- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Public Act 096-0864 gives the Lead Agency the authority to operate Gateways to Opportunity, the Illinois Professional Development System, and to award the following credentials: Illinois Director Credential; ECE Credential; Infant Toddler Credential; and School Age and Youth Development Credential. In addition, the following credentials have also been developed: Family Child Care Credential; Family Specialist Credential; and Technical Assistance Credential. An ESL/Bilingual Credential has been developed and is the pilot phase, with an anticipated complete date in 2021. Projected launch for this credential is early 2022.

The state's professional development framework moved to a competency basis in 2017, a two-year process guided by the Illinois Professional Development Advisory Council. The Gateways ECE Credential framework and competencies are fully embedded in 98% of post-secondary education providers as well utilized by training & professional development providers throughout the state. The Gateways ECE Credential is comprised of core competencies for early care and education providers and provides pathways for various specializations (e.g., Infant Toddler, Illinois Director etc.). Each specialization credential has competencies that build off the Gateways ECE Credential. The use of clearly defined competencies provides transparency and clarity to the workforce, as well as to PD providers. In addition, the Illinois State Board of Education now requires IL Gateways ECE Competencies to be part of Prek-12 professional educator licensing system. The IL Gateways Competencies are fully aligned with the Illinois Professional Teaching Standards (IPTTS) as well as the Illinois Learning and Development Standards

(IELDS). In addition, national professional standards were utilized in creating the IL framework: DEC (Division for Early Childhood of the Council for Exceptional Children) Recommended Practices (through HIPCAT- research based) as well as the Early Intervention/Early Childhood Special Education Standards (also HIPCAT research based). The National Association for the Education of Young Children (NAEYC) revised its professional teaching standards by moving to competencies in March of 2020. These new NAEYC competencies (field reviewed, not research based) are now in the process of being cross walked with the IL Gateways ECE framework competencies to ensure alignment. The IL Gateways SAYD Credential & Career Lattice is the framework for school-age training and professional development. It's competencies are fully aligned with Act NOW Quality Standards, the National AfterSchool Association (NAA) Standards, and the Council on Accreditation - After School & Youth Development Standards.

ii. Career pathways. Describe:

The Gateways to Opportunity Early Childhood Career Lattice has six levels and includes the ECE Credential to which four specialization credentials can be added: Illinois Director Credential, Infant Toddler Credential, Family Child Care Credential, and Technical Assistance (coaching/mentoring) credential. The Gateways School Age and Youth Career Lattice has five levels and includes the School Age and Youth Development Credential to which three specialization credentials can be added: Illinois Director Credential, Family Child Care Credential, and Technical Assistance (coaching/mentoring) Credential. The Gateways Family Specialist Career Lattice has four levels and includes the Family Specialist Credential to which specialization credential can be added: the Technical Assistance (coaching/mentoring) Credential.

iii. Advisory structure. Describe:

The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity Professional Development (PD) System as well as other PD related activities in Illinois.

iv. Articulation. Describe:

There are some articulation agreements between 2-year and 4-year institutions. The Illinois Articulation Initiative (IAI) has reactivated the IAI-Early Childhood Education Committee. This committee includes representation from the Illinois Community College Board, Illinois Board of Higher Education, and two-year and four-year institutions of

higher education. They will review curricula at both levels of education and determine which courses will articulate.

v. Workforce information. Describe:

Public policy and state direction is compiled from the Gateways Registry. The Gateways Registry currently has more than 100,000 active members and is the 2nd largest ECE workforce registry in the nation. Through a partnership with the Illinois Department of Children & Family Services, membership in the Gateways Registry is required for licensed providers and for license exempt providers receiving CCAP. Membership in the Gateways Registry is free.

vi. Financing. Describe:

Public investments primarily support ECE Professional Development in Illinois. The Lead Agency is the main source of financing for ECE professional development. The Lead Agency contracts with the following entities to provide the following training to ECE practitioners: local Child Care Resource & Referral Agencies, who are funded to assist providers in the pursuit of individual professional development, including the pursuit of credentials; the Illinois Network of Child Care Resource and Referral Agencies, who is funded to administer the Gateways Scholarship Program, which will pay a portion of tuition for eligible ECE and/or school-age professionals who want to earn college credit, credentials, or degrees; two Family Child Care Networks, who are funded to provide professional development opportunities, including pursuit of credentials; and the Helen Miller SEIU Member Education and Training Center, who is funded to provide professional development opportunities.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.



i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Continuing Education Units (CEUs) are available for providers who complete trainings that are three hours in length. One CEU credit is based on 10 contact hours of training and adjusted accordingly to various time. For example, three-hour training is eligible for

.3 CEUs; seven-hour training is eligible for .7 CEUs. In addition, the Illinois Network of Child Care Resource & Referral Agencies is an approved provider through the Illinois State Board of Education to offer Professional Development Units (PDUs) for training. PDU credit is awarded on a 1:1 basis with 1 clock hour of attendance = 1 PDU. Trainers and training must meet requirements set by ISBE.

ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Gateways Registry-Approved processes, including credential-approved trainings, are facilitated with individual Registry-approved trainers and professional development organizations (Authorized Entities) statewide. Ongoing education and communications, including training sessions, online meetings and newsletters, have been facilitated with professional development partners across the state. A training requirement has been implemented for all Registry-approved trainers and Authorized Entities; the online module "Credential Competency Training Overview" must be completed within a given 3-year renewal period. Efforts are underway to continue building the supply of trainings aligned to credential competencies.

iii. Other

Describe:

The Gateways to Opportunity Professional Development System provides support for CCDF providers working with children. The Gateways Scholarship Program is available to individuals employed by licensed child care centers and family child care homes. The scholarship enables practitioners to earn degrees, certificates or credentials in early care and education and school age care. Great Start is a wage supplemental program available to the lowest wage earners by CCDF licensed child care centers and family child care homes; it recognizes those who have achieved an educational level higher than the one required by the Illinois Department of Children & Family Services Licensing Standards, and recipients must remain employed by the same program to receive the wage supplement. Participants renew their eligibility every six months.

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity Professional Development (PD) System, as well as other PD related activity in Illinois. Some members of PDAC are members of the Illinois Early Learning Council and/or its committees. Work is coordinated between PDAC and the IELC. PDAC advises the CCDF Lead Agency on issues related to professional development generally and Gateways to Opportunity specifically. The Illinois Network of Child Care Resource & Referral Agencies is the contracted agency responsible for implementing statewide professional development programs for CCR&R staff and child care providers as well as quality initiatives. The PDAC workforce development and pathways committee developed a more comprehensive career lattice that clearly articulates varied pathways in early childhood. It creates continuity between the Illinois Department of Children & Family Services licensing, ExceleRate and Gateways Credentials in terms of quality measures and expectations. PDAC recommendations are provided to stakeholders for feedback and comments. Final recommendations from PDAC are submitted to the Lead Agency for review and decision making.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Financial assistance to attain credentials and post-secondary degrees: The Gateways to Opportunity Scholarship Program is available to practitioners working in licensed child care centers, group child care homes and family child care homes.

Financial incentives linked to educational attainment and retention: Great START is a wage supplement program that rewards eligible early care and education and school-age care (full day/full year programs) practitioners working in Department of Children and Family Services licensed child care centers, group child care homes and family child care homes for attaining

higher education and for remaining at their current place of employment.

For more than a decade, Gateways to Opportunity has partnered with high school teachers to certify them in the ECE Level 1 Credential (16 modules; 48 credit hours). This developed curriculum is used as a supplement to current high school courses in Child Development, Preschool or Parenting courses. Upon completion, students are eligible to receive the ECE Level 1 Credential. Outreach to schools and teachers includes use of social media, print materials, capacity-building training sessions, and presentations at statewide conferences. Similarly, student outreach includes print materials and social media. Participating high school classrooms have also received presentations about ECE as a career pathway and available supports. These outreach efforts have resulted in more high schools offering dual credit early childhood courses as well as dual enrollment early childhood coursed throughout the State. Providers can also access Infant Early Childhood Mental Health Consultation (I/ECMHC), which does not provide treatment services, but supports providers in their healthy interactions with children.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Training specifically on the Illinois Early Learning and Development Standards (3 - kindergarten entry) and the Illinois Early Learning Guidelines (birth – 3) is developed and available for child care providers. The state incorporates early learning guidelines into the statewide child care system. This includes training required for program quality improvement standards, education and training required for professional credentials, and requirements for programs in quality improvement standards to implement curriculum/learning activities based on the voluntary early learning guidelines. Training on health and safety and social/emotional mental health is required for professional credentials. These trainings are available through the Illinois Trainers Network and the Pyramid Model Consortium. Caregiver Connections provides Infant Early Childhood Mental Health Consultation (I/ECMHC), with a focus on responding to the social/emotional needs of children by providing training and consultation to child care providers, and includes connections with the rest of the system: ISBE-funded professional development resources through The Center: Resources for Teaching and Learning and the Start Early Professional Learning Network, and Head Start grantees that share training with child care providers (especially the City of Chicago). For licensed child care center staff, Illinois Department of Children and Family Services (IDCFS) requires 15 clock hours of in-service per year; no pre-service training is required. Licensed family child care: IDCFS requires 15 hours of pre-service training as well as 15 clock hours of annual in-service. Per the Child Care Act 1969, by July 1, 2022 all licensed family child care providers and licensed centers director and classroom staff shall participate in at least one in-service training that includes the topics of early childhood social emotional learning, infant and early childhood mental health, early childhood trauma, or adverse childhood experiences. Participation in the noted training topics is required at least once every three years. For License Exempt Child Care Centers: orientation (within 90 days of being approved) must

have at least one (1) staff certified in First Aid and CPR and 50% of staff must complete child abuse and neglect mandated reporter training. Staff must complete at least six hours of child development and health and safety in-service training. Non relative Licensed Exempt family child care: orientation (within 90 days of service) First Aid & CPR and child abuse and neglect mandated reporter training. They must also complete at least six hours of child development and health and safety in-service training. The six hours is an annual requirement. Please note: training above the required number of hours, licensed or license exempt, is available for providers to participate in.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

There are no Indian tribes or tribal organizations in Illinois.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The Lead Agency produces provider communications and notices in English and Spanish. Spanish speakers are available at CCR&Rs and Sites where needed. Training is available for Spanish speakers (in person or online). Illinois Department of Children & Family Services Licensing has materials and issues licenses to Spanish speaking family child care home providers. Local CCR&Rs collect information about primary and other languages spoken in licensed child care centers and exempt centers and homes that choose to be on the referral database. If available, CCR&Rs can provide child care referrals for families requesting caregivers that speak a language other than English. Also, in Illinois an option for families eligible for child care assistance is to arrange care with family, friends, or neighbors (license-

exempt family child care). These providers typically speak the primary language of the family and the child. The Illinois Early Learning Project has Early Learning Standards tip sheets in eight different languages. The state has developed a system to identify and support multilingual providers through the use of a State "Seal of Bi-literacy." Providers can add this designation to the Gateways Registry.

b) who have disabilities

Illinois supports providers, including those with disabilities, that demonstrate they have the physical and mental health capacity that does not interfere with child care responsibilities. For licensed providers, this is verified through the physical examination report.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Illinois' training and professional development requirements and offerings are available to and appropriate for all CCDF providers. Members of the Child Care Advisory Council and Professional Development Advisory Council, who support the development and maintenance of the state's training and professional development requirements, represent providers of all classifications. The State also has professional development opportunities accessible for providers of other sectors of the early childhood and school-age field, including Head Start/Early Head Start, Pre-Kindergarten and Early Intervention /Special Education.

The Lead Agency, working with INCCRRA and the local CCR&Rs, offers a wide variety of training from 1 hour in length to a training series that can be several contact or clock hours long. Online, virtual, and face-to-face (F-to-F) training is available. Most F-to-F training is offered during evenings and weekends; some is offered during standard day time working hours.

Much training is appropriate for center and family home providers; some are specific for center or home care. Through the Illinois Trainers Network (ITN) Program and INCCRRA's online training site there are a number of standardized trainings available. Some of these are: a) specific to age groups (e.g., The Program for Infant Toddler Care training series, SIDS training, Shaken Baby training, ECE Credential Level 1 training series with some modules specific to an age group, School-Age/Youth Development Credential Level 1 training series, Caring for Mixed Age Groups training for family child care); b) about English language learners (e.g., Basics of Culturally and Linguistically Appropriate Practice training); and c) children with disabilities (e.g., Introduction to Developmental Screening, Early Childhood Developmental Screening, Welcoming Each and Every Child).

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Lead Agency has made available to all child care providers in the State: 1) A one-hour online training about reaching out to and serving children and families who are experiencing homelessness. This training includes the reasons why families experiencing homelessness might need child care, information about the McKinney-Vento Act, and resources for finding services for these families; 2) Packets of resources available to be distributed to providers by CCR&Rs; 3) A policy update training webinar to CCR&R and Sites; 4) A general inquiry email account where providers posts questions or seek guidance.

In addition, the CCR&R staff is able to assist providers with any policies that make it easier to serve families who are experiencing homelessness. INCCRRA offers a "Homelessness training" that covers legal and social justifications and requirements for caring for homeless children, basic best practices for caring for families experiencing homelessness, requirements for caring for homeless children. CCR&R staff may refer families experiencing or in danger of becoming homeless to the Lead Agency for more information about program/services to help or prevent homelessness.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The state partners with multiple entities serving families experiencing homeless, including the Illinois Department of Children and Family Services, the Illinois State Board of Education (ISBE) and the Head Start State Collaboration Office (HSSCO). The HSSCO continues to support access to services for children and families experiencing homelessness. This is done by communicating to the Head Start grantees that the Head Start Performance Standards allow for grantees to reserve slots for children and families experiencing homelessness. The Lead Agency has established policies within the Child Care Assistance Program, 01.03.10, that addresses and provides supports for families that are experiencing homelessness, as explained in section 3.3.6. The Illinois Early Learning Council's Access Committee has identified children experiencing homelessness as a priority population. Finally, the state of Illinois' State Coordinator for McKinney-Vento Homeless Education is a member the Child Care Advisory Council and works closely with the Lead Agency staff, located in Lead Agency central offices, across the state by providing guidance on CCDF policy implementation as it relates to support for children experiencing homelessness as well as providing technical assistance when requested.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The Lead Agency ensures the availability of Business Administration Scale training for family child care and Program Administration Scale training for child care centers. In addition, CCR&R agencies provide TA/Consultation and often have business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential and

the Family Child Care Credential. In addition, the Illinois Trainers Network (ITN) offers trainings that include strengthening business practices. These trainings include Foundations of Family Child Care, Strengthening Business Practices for Family Child Care, and Strengthening Business Practices for Centers.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

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

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. The following topics are addressed through multiple trainings: Social, Emotional, Physical and Cognitive Development: ECE Credential Level 1, various modules; Child Development Health, and Safety Basics, Pyramid Model for both Preschool and Infants and Toddlers, Program for Infant Toddler Care, Illinois Early Learning & Development Standards, Foundations of Family Child Care, Illinois Early Learning Guidelines, Redleaf Family Child Care, Curriculum, School-Age & Youth Credential Level 1, various modules; Nutrition & Health: ECE Credential Level 1 various modules, We Choose Health, School Age & Youth Development Credential Level 1 - various modules. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to

Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. Pyramid Model for both Preschool and Infants and Toddlers, Illinois Foundations of Family Child Care, Early Learning & Development Standards, Illinois Early Learning Guidelines. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. 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. (98.53(a)(1)(iv)).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. The following topics are addressed through multiple trainings: Program for Infant Toddler Care, Pyramid Model for both Preschool and Infants and Toddlers, Family and Community: Partners in Learning, Basics of Culturally and Linguistically Appropriate Practices. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file> . Additional training covering the above topics may be offered through other Lead Agency partners

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. Developmentally appropriate, culturally and linguistic responsive instruction and evidence based curricula; Program for Infant Toddler Care, Pyramid Model for both Preschool and Infants and Toddlers, Family and Community: Partners in Learning, Basics of Culturally and Linguistically Appropriate Practices, Designing learning environments that are aligned with the Early Learning Guidelines: Introduction to the Environment Rating Scales, and Introduction to the Family Child Care Environment Rating Scale, Family and Community: Partners in Learning, Foundations of Family Child Care, Redleaf Family Child Care Curriculum. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. Welcoming Each & Every Child. ECE Credential Level 1, School-Age and Youth Development Credential Level 1, Family and Community: Partners in Learning, Redleaf Family Child Care Curriculum. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. Introduction to the Environment Rating Scales, and Introduction to the Family Child Care Environment Rating Scale, Understanding and Planning for Continuous Quality Improvement. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. Homeless with Hope: Providing Child Care for Homeless Children. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. Welcoming Each & Every Child, Early Childhood Developmental Screening, Introduction to Development Screening, Foundations of Child Assessment, Redleaf Family Child Care Curriculum. Full training descriptions may be found at <https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

Trainings are funded by the Lead Agency and are available through Gateways to Opportunity at the Illinois Network of Child Care Resource & Referral Agencies and/or the local CCRR agencies. School-Age and Youth Development Credential Level 1, ECE Credential Level 1 (select module), Caring for Mixed Ages of Children. Full training descriptions may be found at

<https://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. Additional training covering the above topics may be

offered through other Lead Agency partners.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency will use SFY21 (ending June 30, 2021) as a base. Monthly, the Lead Agency will review and monitor the number of programs above the Licensed Circle of Quality. The CCR&Rs record work activity (e.g., number of: referrals trainings offered, technical assistance activities, providers on the database, providers accessing funds for professional development, providers achieving credentials, and providers obtaining national accreditation) into the Data Tracking Program (DTP). Quarterly, the Lead Agency receives reports for each CCRR on the above noted activities. The Lead Agency will review data on provider training participation as well as practitioners obtaining a Credential.

[6.4 Early Learning and Developmental Guidelines](#)

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Illinois Early Learning and Developmental Standards (IELDS) are research based and were developed in collaboration with key Illinois stakeholders, early childhood leaders, educators, practitioners, and policy experts. They are aligned with the Illinois Early Learning Guidelines for Children Birth to Age 3, Illinois Kindergarten Standards, Head Start Framework, and the Common Core State Standards for Kindergarten. The Illinois Early Learning and Development Standards (2013) are a revised version of the original Illinois Early Learning Standards published in 2002. They have been updated to align with the Illinois Early Learning Guidelines for Children Birth to Age 3, with the Illinois Kindergarten Standards, and with the Common Core State Standards for Kindergarten.

ii. Developmentally appropriate.

The Illinois Early Learning and Development Guidelines were developed by a large group of stakeholders including state agency personnel, college/university faculty, early childhood leaders and practitioners, policy experts, school district personnel as well as representatives from other states. In 2013, the Illinois Early Learning and Development Standards were field tested by a group of varying practitioners. Feedback, through focus groups, was provided and then reviewed by the workgroup.

The guidelines are aligned with the Illinois Kindergarten Standards, Head Start Framework and the Common Core State Standards for Kindergarten. The Illinois Early Learning Guidelines for Children Birth to Age Three were also developed by a large group of stakeholders as noted above but also included with specialization in infant/toddler. The information included in both the Guidelines is evidence-based and contains developmentally appropriate content.

[iii. Culturally and linguistically appropriate.](#)

The document aligns with and integrates into the complex system of services for children in multiple preschool settings in the state; Developmentally Appropriate Practice were adopted, and such practices address what is known about the social and cultural context in which children live.

[iv. Aligned with kindergarten entry.](#)

The Illinois Early Learning and Development Standards (2013) are a revised version of the original Illinois Early Learning Standards published in 2002. They have been updated to align with the Illinois Early Learning Guidelines for Children Birth to Age 3, with the Illinois Kindergarten Standards, and with the Common Core State Standards for Kindergarten.

[v. Appropriate for all children from birth to kindergarten entry.](#)

The Illinois Early Learning and Development Standards and the Illinois Early Learning Guidelines for Children Birth to Age Three are aligned with the Illinois Kindergarten Standards and the Common Core State Standard for Kindergarten. They see all children as capable and competent individuals who develop at different rates and pace from birth to kindergarten entry.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The state incorporates early learning and development 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 standard to implement curriculum learning activities based on the voluntary early learning guidelines. The Governor's Office of Early Childhood convenes an Early Childhood Inter-Agency team consisting of

multiple state agencies that work across sectors in the child care system. This includes the lead agency and The Illinois State Board of Education (ISBE).

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

The Illinois Early Learning Guidelines Birth - 3 addresses this in Developmental Domain 3: Language Development, Communications and Literacy (social communication receptive communication, expressive communication and early literacy) and Developmental Domain 4: Cognitive Development (concept development, memory, spatial relationships, symbolic thought, creative expression, logic & reasoning, quantity & numbers, science concepts & exploration and safety & well-being). Illinois Early Learning and Development Standards addresses this in the Domain for Language Arts (listening, speaking, reading, writing) and the Domain of Mathematics (sense of numbers, identification of relationships in objects, concepts of geometry and analysis of data information).

ii. Social development.

The Illinois Early Learning Guidelines Birth-3 addresses this in developmental domain 1: Social & Emotional Development (Attachment Relationships, Emotional Expression, Relationship with Adults, Self-Concept, Relationship with Peers, and empathy. Illinois Early Learning and Development Standards addresses this in the Domain of Social/Emotional Development (Self-Management Skills, Social Awareness and Interpersonal Skills, and Decision-making Skills and Responsible Behaviors).

iii. Emotional development.

The Illinois Early Learning Guidelines Birth-3 addresses this in developmental domain 1: Social & Emotional Development (Attachment Relationships, Emotional Expression, Relationship with Adults, Self-Concept, Relationship with Peers, and empathy. Illinois Early Learning and Development Standards addresses this in the Domain of Social/Emotional Development (Self-Management Skills, Social Awareness and Interpersonal Skills, and Decision-making Skills and Responsible Behaviors).

iv. Physical development.

The Illinois Early Learning Guidelines Birth-3 addresses this in developmental domain 2: Physical Development & Health (Gross Motor, Fine Motor, Perceptual, Self-Care). Illinois Early Learning and Development Standards addresses this in the Domain of Physical Development and Health (Movement Skills, Rules and Safety During Physical Activity, Team-Building Skills, Principles of Health Promotion and Prevention, and Human Body Systems).

v. Approaches toward learning.

The Illinois Early Learning Guidelines Birth-3 includes a section on Approaches to Learning (curiosity & initiative, problem solving, confidence & risk taking, persistence, effort & attentiveness and Creativity, Inventiveness, & Imagination).

vi. Describe how other optional domains are included, if any:

Illinois Early Learning and Development Standards includes the following Domains: Science, Social Studies, Arts, English Language Learner Home Language Development.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The original version of the Illinois Early Learning Standards (IELS) were published in 2002. The Illinois Early Learning and Development Standards (IELDS) were completed in 2013. The Illinois Early Learning Guidelines (IELG) for Birth to Age 3 were developed in 2012. The IELDS and IELG are updated approximately every 10 years or as needed based on local and national outcomes in early learning.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

N/A

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

Illinois Early Learning Guidelines for Birth to Age 3:

<https://illinoisearlylearning.org/ielg/>

and

Illinois Early Learning & Development Standards:

<https://illinoisearlylearning.org/ields/>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Lead Agency ensures that child care providers receive training on the use of the Illinois Early Learning Guidelines (IELG) for Birth to Age 3 and the Illinois Early Learning & Development Standards (IELDS) through the Illinois Trainers Network. These trainings are available in English and Spanish and may be taken face-to-face, virtually, and online. In addition, all curriculum funded by the Lead Agency is aligned with both the IELG and IELDS as appropriate. Technical assistance (TA) on the IELG and IELDS is included in the TA and training available as part of ExceleRate Illinois. Child care providers working with infants and toddlers have access to TA through the CCR&R Infant Toddler Child Care Specialists. Child care providers working with preschool-age children have access to this TA through the CCR&R Quality Child Care Specialists. The state incorporates the IELG and IELDS into the statewide child care system. This includes training required for program quality improvement standards, education, professional credentials, and requirements for programs in quality improvement standards to implement curriculum/learning activities that have been aligned with the IELG and/or IELDS.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

N/A

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Lead Agency uses a variety of ways to assess and determine the needs for quality activities. The Lead Agency collects data from partners to inform its understanding of needs across the state. First, through partnership with the CCR&Rs, the Lead Agency collects workforce and market data from the child care provider database, parent referrals, training & technical assistance access and use data, provider recruitment and retention information, and child care assistance access and use data. This information is reviewed by Lead Agency staff on a quarterly basis, alongside their quarterly program reports. Second, through partnership with the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA), CCR&Rs, and other grantees, the Lead Agency reviews this data, assesses work and needs, and develops and implements statewide quality initiatives. Third, the Lead Agency participates in the Early Learning Council, which also assesses needs across the early childhood education and care system and develops and reviews recommendations to address identified needs throughout the year. Finally, Lead Agency staff bring data collected from CCR&Rs and INCCRRA to collaborations with other state partners and stakeholders to develop and implement cross-sector quality activities.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The Key Findings of the 2020 Illinois Early Childhood Education Workforce Report https://www.inccrra.org/images/datareports/Illinois_Early_Childhood_Education_Workforce_2020_Report.pdf are outlined in the report and the Executive Summary. Given the importance of a qualified early childhood education workforce, it is essential for states to be able to track the size and characteristics of that workforce. The Data collected by the Lead Agency in partnership with the CCR&Rs and INCCRRA to review and assess the efforts implemented for the early education workforce reflects key areas that continue to be a priority in child care. The Key Findings of this report include but are not limited to the following information: the majority of directors and teachers in licensed center-based programs have completed a college degree, often completing more education than required by licensing. 68% of teachers and 85% of directors in licensed centers have completed an associate degree or higher. Of educators whose highest completed degree was a high school diploma or GED, 22% have taken some college coursework, with an average of 56 credit hours earned. Nearly half of these teachers have amassed 60 credit hours or more – the equivalent of an associate degree. Another Key Finding indicates there has been a dramatic increase over the last five years in the percentage of the workforce that holds Gateways to Opportunity Credentials. The percent of licensed center directors holding a Gateways ECE Credential at Levels 2-6 increased from 5% in 2015 to 33% in 2020. Teachers holding an ECE Credential at Levels 2-6 increased from 4% to 22% during that same time. Just over 25% of center directors now hold a Gateways Illinois Director Credential (IDC), compared to 5% in 2015. Gateways Registry-approved trainings and conferences are frequently used by the workforce for high quality professional development, but there is opportunity for growth. More than 180 professional organizations and agencies now offer training that has been quality-assured through the Gateways Registry. Over 60% of staff working in licensed centers and family child care homes attended Registry-approved training in 2019. On average, educators took 10-14 hours of Registry-approved training. However, not all 15 hours of training required by DCFS came from Registry-approved training. Licensed center administrators receive 56-67% of their required training through Registry-approved sources. Teachers and assistant teachers received similar amounts, with 62-66% and 60-64% of their required training hours coming from approved sources. This data presents current complexities and growth in the Early Childhood Workforce that the Lead Agency uses to continue further support and advance quality initiatives for the Early Childhood Workforce in Illinois. The data tracked by the Lead Agency supports its overarching goals of working in collaboration with and to support providers while embedding continuous quality improvement practices within their programs and ensuring children

receive healthy and safe care as well as prepare them to 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, the Illinois State Board of Education, and Head Start specifically Illinois cross-sector quality rating and improvement system and professional development framework.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

- f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

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

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

ExceleRate Illinois is administered by the Illinois Network of Child Care Resource & Referral Agencies. Key partners include the 15 local CCR&Rs, McCormick Center for Early Childhood Leadership and the Governor's Office of Early Childhood. ExceleRate Illinois is a statewide quality recognition and improvement system designed to make continuous quality improvement an everyday priority among early learning providers (child care providers, Head Start programs, and Preschool for All classrooms).

ExceleRate has established standards for helping infants, toddlers and preschool age children develop intellectually, physically, socially and emotionally. It provides a framework for early learning professionals to identify opportunities for improvement. In addition, INCCRRA administers the QRS Training Tiers available for License Exempt Family Child Care. Tiers focus on Safety, Nutrition, and Child Development (infants through school-age). At a minimum, the provider must complete the Orientation and at least tier 1 to apply. Once all three tiers are completed, the provider achieve Gateway Early Childhood Education Credential Level 1. <http://www.excelerateillinois.com>

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

The first Circle of Quality is "licensed"; therefore, all licensed programs are participating in QRIS. Working toward a Circle beyond licensing is voluntary. Training Tiers for License Exempt Family Child Care providers are optional.

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs

xii. Other

Describe:

License exempt family child care homes are able to take Training Tiers. Training is grouped within 3 tiers and focus on health and safety and child development.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Early learning and development programs operate in different settings and demonstrate their quality in various ways, including compliance with licensing standards, federal and state grant requirements, and accreditation systems. ExceleRate Illinois (QRIS) focuses on programs individually, by allowing programs to meet consistent standards through providing different forms of evidence. Each Circle of Quality above licensing has four domains with similar standards.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
- a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - d. Programs that meet all or part of state/territory school-age quality standards.
 - e. Other.
Describe:
N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
- a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.
Describe:
N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

Licensed programs that have a Silver (10%) or Gold (15%) Circle of Quality receive an add-on for each CCAP child in care; license-exempt family child care providers completing Training Tiers receive an add-on for each CCAP child in care. The percentage ranges from 10%-20% depending on the tiers completed.

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency will use SFY21 (ending June 30, 2021) as a base. On a monthly basis, the Lead Agency will review and monitor data around the QRIS participation. Progress will be measured based on the number of programs that attain a Circle of Quality above licensing as well as the number of CCAP children enrolled in programs with a Circle of Quality higher than licensing. On a quarterly basis, the Lead Agency will review the number of programs

receiving Quality Improvement Funds, the data around technical assistance and the number of Gateways Scholarships awarded and finally the number of Great START participants. As of June 30, 2021; 1,164 programs had attained a Circle of Quality above licensing with 25,815 CCAP children enrolled. 813 programs received Quality Improvement funds; 16,557 contacts were made for technical assistance (count is not unique provider); there were 721 active recipients of the Gateways Scholarship and 3,333 received a Great START wage supplement.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

The Lead Agency is exploring the expansion of Family Child Care Networks.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Through Illinois' statewide training network, several standardized curricula are offered with content specific to the care of infant and toddlers. Infant Toddler Child Care Specialists placed in the CCR&Rs provide the series training, Program for Infant/Toddler Care (PITC). The Gateways professional development system includes the Infant Toddler credential.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified

infant/toddler specialists.

Describe:

Infant Toddler Child Care Specialists are housed in each CCR&R. They provide consultation, training, and Technical Assistance to child care providers serving infants and toddlers in their respective SDAs and assist providers in preparing and applying for ExceleRate Illinois. The Infant Toddler Environment Rating Scale (ITERS-R) is used for program assessment and evaluation for centers in ExceleRate Illinois.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- e. 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:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

At higher ExceleRate Illinois Circles, the staff qualification requirement is to have a percentage of infant toddler staff with a Gateways Infant Toddler credential.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Illinois has developed the Illinois Birth to Three Early Learning Guidelines and training and material to support their implementation.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

CCR&Rs provide consumer education and child care referrals to parents specific to

each family's child care needs including, information on the Americans with Disabilities Act (ADA), parental rights and inclusion practices as well as information on services for children with special needs including developmental screenings through Early Intervention in accordance with the Individuals with Disabilities Education Act (IDEA) Part C. Information may include how to contact local Child and Family Connections (CFC) and local public-school programs (preschool screenings), Preschool for All, and special education. In addition, the ExceleRate Illinois website includes information for parents on quality care. Available consumer education materials include information on infants/toddlers but is not exclusive.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

l. Coordinating with mental health consultants.

Describe:

The Caregiver Connections Early Childhood Mental Health Consultants (ECMHC) provide technical assistance, training and consultation related to infant toddler social/emotional development and mental health to providers.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

n. Other.

Describe:

ExceleRate provides a MOU template for providers. Form was completed, and is available on the website

<https://www.excelerateillinoisproviders.com/resources/resources-by-standard?id=52>

<https://www.excelerateillinoisproviders.com/resources/resources-by-standard-for-licensed-family-child-care>

<https://www.excelerateillinoisproviders.com/resources/resources-by-standard>

Licensed center-based

License exempt center-based

Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency will use SFY21 (ending June30, 2021) as a base. Monthly, the Lead Agency will review and monitor the number of programs above the Licensed Circle of Quality that serve infants/toddlers. Quarterly, the Lead Agency will review data on provider training participation, specifically PITC and will review the number of practitioners obtaining an Infant Toddler Credential. Currently, there are 969 licensed programs in ExceleRate above licensing that serve infants/toddlers. This is inclusive of Head Start/Early Head Start route programs. There were 47 trainings conducted by the Infant/Toddler Specialists, which included PITC, this represented 503 providers (unduplicated count). It is clear that COVID 19 had an impact on training during SFY21.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The Lead Agency contracts with the CCR&Rs for the following: develop/maintain a provider database; provide child care referrals and consumer education to parents; provide training & technical assistance to providers; conduct recruitment & retention activities; collect data and the administration of the Child Care Assistance Program.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency receives quarterly data reports on all CCR&R activities (e.g., referrals, training, consultation, number of providers, etc.) as well as a quarterly program report. This data and reports are used to ensure that the contract deliverables are being met. Data is reviewed monthly, regarding programs engaging in higher levels of quality in ExceleRate Illinois. As of June 30, 2021 the statewide provider referral database contained information on 13,219 providers (licensed and license exempt, family child care and center based), of those 5,898 indicated a willingness to accept IHDS/ DCFS subsidy; 4,457 families received child care referrals and consumer education on selecting care; conducted 1,735 training sessions; there were 67,463 contacts made for technical assistance and finally, there were 91 recruitment activities recorded. SFY21 numbers for training and recruitment were impacted by COVID 19.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

At the local level, the CCR&Rs offer technical assistance, consultation and training on a

variety of topics, including health and safety requirements, open to all providers. For the license-exempt providers, the Health & Safety Coaches provide technical assistance and resources specific to health and safety issues. At a state level, INCCRRA supports training on a variety of topics, including health and safety requirements.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:
N/A

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Licensed programs are monitored by the Illinois Department of Children and Family Services. The Lead Agency, contracting with the CCR&Rs, monitors License Exempt providers to ensure they are meeting the Health & Safety Standards and required training. The Lead Agency will use SFY21 (ending June 30, 2021) as a base to measure training specific to health and safety; technical assistance activities and the number of license exempt programs receiving Health & Safety Grants; standards. As of June 30, 2021, CCR&R agencies offered 179 health & safety trainings; there were 69,000 technical assistance contacts and 379 license exempt programs received a Health & Safety Grant.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Lead Agency measures the quality of child care programs and services through ExceleRate Illinois. Classroom and program improvement is measured using various tools, including but not limited to: ECERS 3, ITERS-R, SACERS, FCCERS-R, CLASS, PAS, BAS, various national accreditation processes and, in the future, the KIDS Assessment.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency will use SFY21 (ending June 30, 2021) as a base. Monthly, the Lead Agency will review the number of programs above the Licensed Circle of Quality. Quarterly, the Lead Agency will review data on provider training participation as well as number of practitioners obtaining a Credential. Quarterly, the scores from the scales are aggregated, allowing the state to see improvements and challenges. The Lead Agency will also monitor the number of CCAP children enrolled in programs with a Circle of Quality higher than licensing.

7.8 Accreditation Support

7.8.1 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?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

The Lead Agency provides funding through the Child Care Resource and Referral agencies to assist with the cost of Accreditation. Funding is limited to child care programs that are applying for or maintaining an ExceleRate™ Illinois Silver or Gold Circle of Quality. Approved accreditation processes include: National Association for the Education of Young Children, National Accreditation Commission for Early Care & Education Programs, National Association of Family Child Care, National Early Childhood Program Accreditation, AdvancEd Accreditation - Early Learning, American Montessori Society and Council on Accreditation - Early Childhood.

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide
 - i. Focused on child care centers
Describe:

 - ii. Focused on family child care homes
Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.
 - i. Focused on child care centers
Describe:

 - ii. Focused on family child care homes
Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency tracks the number of accredited programs in the State and those participating in ExceleRate Illinois, as well as the number of programs participating in the Statewide Accreditation Mentoring program that attain and maintain accreditation status and achieve an ExceleRate Illinois level of quality. As of June 30, 2021, of child care programs listed on the Data Tracking Program, there were 442 licensed child care centers identified as attaining a National Accreditation. Of those 442, 372 programs have also obtained a Circle of Quality above licensing. There are 114 licensed family child care providers identified as attaining a National Accreditation. Of those 114, 99 have a Circle of Quality above licensing. During SFY21, 28 programs received financial assistance to pursue national accreditation. In addition, the Statewide Accreditation Mentoring program reported working with 27 programs with on-site visits, 19 programs in cohorts, 69 participants in virtual training sessions and sent electronic communications to over 200 providers.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

N/A; the state has already developed and adopted high-quality program standards.

b. Preschoolers

N/A; the state has already developed and adopted high-quality program standards.

c. and/or School-age children.

N/A; the state has already developed and adopted high-quality program standards.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A; the state has already developed and adopted high-quality program standards.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

The Lead Agency has a working relationship with the Governor's Office of Early Childhood on projects that continue the quality improvement efforts throughout the state. A pilot program to support continuous quality improvement is being sponsored by the Governor's Office of Early Childhood Development and the Lead Agency via the PDG B-5 and state child care funds. This pilot offers support to licensed child care centers participating in the Child Care Assistance Program. The centers are testing three innovations: (1) IDHS contracts pay up-front for the salary and staffing pattern enhancements needed to meet pilot ExceleRate standards. Funding is allocated per classroom, not per child. (2) Programs implement the pilot standards, including regular team meetings and Plan-Do-Review cycles for CQI. (3) Program assessment instruments, including the Environment Rating Scales (ERS), are used at the beginning of the process to help guide improvement planning. Results are never made public, and the scores are not used in determining a rating or Circle of Quality. Assessors and leadership advisors from the McCormick Center are supporting the centers.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on

clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Certificate Providers - Providers submit their billings through the Integrated Voice Response Phone System or send completed Certificate Reports to their Service Delivery Area. Providers that submit their billings through the Integrated Voice Response system are processed with the nightly cycle, so they are ensured a timely payment. All contracted providers submit their billings/expenditure reports through the appropriate Lead Agency Program Staff. These providers include Child Care Resource and Referral Agency Contracts, Quality/Discretionary Contracts and Site Administered Child Care Contracts. Each Program Area reviews the billings and approves the payments based on the type of budget that is submitted at the beginning of the fiscal year. The Child Care Program uses two types of budgets, Fixed-Rate Budgets for the Site Program and Uniform Grant Budgets for all other contracted

providers. Each month a billing/expenditure report is reviewed, payment recommendation is made, and the payment is processed through the State's Accounting System. The Contract and Payment Unit makes the payments within 10 days of receipt of the approved billing.

b. Fiscal oversight of grants and contracts

Describe:

The Program areas review reports/billings monthly to ensure sound fiscal management of the funds used. In addition to the monthly reviews by Program staff, the Lead Agency's Program Integrity Unit audits each contractor on-site at least every three years. Contractors are also selected through a risk analysis (funding amounts, past audit findings, time between audits, etc.) to be audited through the Lead Agency's Office of Contract Administration.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

The Lead Agency's staff have the Child Care Management System (CCMS) produce Monthly Enrollment Reports which indicate all cases for direct services only approved for a service month. This report serves two purposes: 1) to indicate the size of each contractor's caseload for administrative purposes, and 2) to indicate the eligible days for each approved child. Attendance is noted on this form, so the Lead Agency can monitor attendance versus eligibility and verify that payments are for authorized service.

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

The Grant Accountability and Transparency Act (GATA) provides for the development of a coordinated, non-redundant process for the provision of effective and efficient oversight of the selection and monitoring of grant recipients, ensuring quality programs and limiting fraud, waste and abuse. The Lead Agency's GATA Unit has a process in place where a Financial and Administrative Risk Assessment and a Programmatic Risk Assessment are performed. At the risk assessment process, the grantees are rated as low, medium or high risk and based on the risk assessment; additional specific conditions could be required. At the Pre-qualification and Programmatic risk steps, a notification is sent indicating: 1) the nature of the additional requirements, 2) the reason for the additional requirements, 3) the nature of the action needed to remove the additional requirements, and 4) the method for requesting reconsideration of the additional requirements imposed.

The Lead Agency also participates in a federal audit through the ACF known as the Improper Payment Review. The CCDF methodology for measuring improper payment focuses on client's eligibility and employs a case record review process to determine whether eligibility for child care subsidy payment was properly determined, and whether any improper payments were made. This process goes through two lines of review: the Case Review Team and 2nd line reviewers (also known as Case Rereviews). The Case reviewers will conduct a desk audit of a sample size of cases. All reviews will be conducted using the ACF-403 Record Review Worksheet. The 2nd line reviewers will do random selection of cases to rereview to ensure accuracy, consistency, and communication of necessary policy or operational comparison throughout the review process.

b. Establish checks and balances to ensure program integrity

Describe:

Contractors are monitored every three years and they are reviewed against performance measures and standards as set in their contracts. At the beginning of each fiscal year, a program plan is submitted detailing how the services and deliverables will be accomplished including, program budget, personnel matrices and budget narrative. They are also expected to submit quarterly program plan reports, monthly expenditure reports, and quarterly program data reporting.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Program Integrity and Quality Assurance Unit (PIQA) monitoring reviews of contractors will ensure that: 1) 90% of all CCAP applications and redeterminations are processed according to contract and program policy timeframes; 2) 90% of all CCAP applications and redeterminations are processed accurately; 3) 90% of all CCAP billing is submitted within 10 days of the end of the month and/or service completion; 4) Billing complies with 85% accuracy rate to eligibility for reimbursement (need for care, schedule of care, etc.) and co-payment calculation; 5) The Agency has implemented a system of ongoing staff training for current and new staff; and 6) 90% of CCAP billing complies with the procedures around the 70% rule. Billings are supported by legible attendance/sign-in sheets.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Providers are updated of policy changes that affects them directly via email blast, certificate inserts, Facebook updates and CCR&R lobbies/websites.

ii. Issue policy manual.

Describe:

The complete Child Care Policy manual is available to the public at all times (online

& DHS website) and through the issuance of email blast, certificate inserts, Facebook updates and CCR&R lobbies/websites, providers receive relevant policy updates.

iii. Provide orientations.

Describe:

iv. Provide training.

Describe:

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Regular check-in to monitor the implementation of policies is done through automated production reports from the Child Care Assistance Program (CCAP), Child Care Management System (CCMS) as well as through field review of contracted sub-recipients. All contracted sub-recipients are reviewed a minimum of once every three years. Sub-recipients not found to be implementing new policies are required to develop and follow a corrective action plan which is closely monitored. Quality contractors submit quarterly reports with activity data, which is tracked for completion of contract deliverables.

vi. Meet regularly regarding the implementation of policies.

Describe:

vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

Sites and CCR&Rs are notified via email when policies are revised prior to notifying

providers.

ii. Train on policy change notices.

Describe:

Sites and CCR&Rs are trained prior to revised policies being published.

iii. Issue policy manuals.

Describe:

The policy manual is available 24/7 via online and the IDHS website.

iv. Train on policy manual.

Describe:

Sites and CCR&Rs were all trained by IDHS on the CCAP policy manual and as new staff come on board, they are trained internally.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Program Integrity and Quality Assurance unit conducts ongoing monitoring visits with CCR&Rs, contracted and noncontracted providers to ensure policies are implemented correctly.

vi. Meet regularly regarding the implementation of policies.

Describe:

IDHS/CCAP has established a subject matter expert group (SMEG) who meets weekly to discuss implementation of policy changes. IDHS has also reconvened the Child Care Advisory Council (includes the CCAP policy committee) to advise on policy implementation.

vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

IDHS/CCAP participates in annual internal audits and triannual federal monitoring visits that evaluate internal control activities.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

Sites & CCR&R utilize statewide database (AWVS, KIDS, PASDX) to run provider and client eligibility. In conducting these searches, staff are able to determine if a client or provider has intentionally committed program violations or frauded the program. A conflict in data will trigger an alert for additional information to be provided, resulting in lowering the overpayments and appeals.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

During announced and unannounced audit visits monthly enrollment reports, attendance records and provider billing certificates are compared to ensure program compliance. To ensure program compliance an 70% Attendance Rule has been enforced for provider (See PM 06.03.01). Monthly billing records are reconciled and providers reporting at 100% are to submit supporting documentation to receive child care reimbursement. This procedure results in ensuring provider's billings matches the children's attendance. Therefore, reducing the amount of improper payments.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

All audit reviews conducted by the Lead Agency are reviewed and signed off by the Lead Agency's Program Integrity & Quality Assurance Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

- v. Audit provider records.

Describe the activities and the results of these activities:

All audit reviews conducted by the Lead Agency are reviewed and signed off by the Program Integrity & Quality Assurance Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Sites and CCR&Rs are trained prior to revised policies being published. This training results in policy compliance and decreases the number of administrative

errors.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Sites & CCR&R utilize statewide database (AWVS, KIDS, PASDX) to run provider and client eligibility. In conducting these searches, staff are able to determine if a client or provider has unintentionally committed program violations. A conflict in data will trigger an alert for additional information to be provided Resulting in lowering the overpayments and appeals

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

N/A

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

During announced and unannounced audit visits monthly enrollment reports, attendance records and provider billing certificates are compared to ensure

program compliance. To ensure program compliance an 70% Attendance Rule has been enforced for provider (See PM 06.03.01). Monthly billing records are reconciled and providers reporting at 100% are to submit supporting documentation to receive child care reimbursement. The review of these documents results in the Lead Agency recouping CCDF and placing the funds back into the program for proper use.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

All audit reviews conducted by the Lead Agency are reviewed and signed off by the Program Integrity & Quality Assurance Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

v. Audit provider records.

Describe the activities and the results of these activities:

All audit reviews conducted by the Lead Agency are reviewed and signed off by the Program Integrity & Quality Assurance Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Sites and CCR&Rs are trained prior to revised policies being published. This training results in policy compliance and decreases the percentage of administrative errors. Refresher trainings are performed annually.

vii. Other

Describe the activities and the results of these activities:

N/A

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Sites & CCR&R utilize statewide database (AWVS, KIDS, PASDX) to run provider and client eligibility. In conducting these searches, staff are able to determine eligibility while also preventing agency errors. A conflict in data will trigger an alert for additional information to be provided. Resulting in lowering the percentage of administrative errors

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

N/A

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

During announced and unannounced audit visits monthly enrollment reports, attendance records and provider billing certificates are compared to ensure program compliance. To ensure program compliance an 70% Attendance Rule has been enforced for provider. (See PM 06.03.01) Monthly billing records are reconciled and providers reporting at 100% are to submit supporting documentation to receive child care reimbursement. The review of these documents results in the Lead Agency recouping CCDF and lowering the percentage of administrative errors.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

All audit reviews conducted by the Lead Agency are reviewed and signed off by the Program Integrity & Quality Assurance Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in lowering the percentage of administrative errors.

v. Audit provider records.

Describe the activities and the results of these activities:

All audit reviews conducted by the Lead Agency are reviewed and signed off by the Program Integrity & Quality Assurance Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in lowering the percentage of administrative errors.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Sites and CCR&Rs are trained prior to revised policies being published. This training results in policy compliance and decreases the percentage of administrative errors.

vii. Other

Describe the activities and the results of these activities:

N/A

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Fraud and overpayments are pursued through several entities (Lead Agency, Child Care Resource & Referral Agencies, Bureau of Collections, State Office of the Inspector General, States Attorney, and the Federal Bureau of Investigations).

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The minimum recovery amount is \$1.00. This aids in ensuring that any improper payment must be repaid to the program, regardless of the amount, while emphasizing the importance of adhering to program policies and procedure. This recovery of funds at a minimum of \$1 results in lowering the percentage of overpayments and program violations.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

When an overpayment is identified by a CCR&R, a Site Administered Program or IDHS' Program Integrity and Quality Assurance (PIQA) staff, prepare an Overpayment Referral Packet and send it to IDHS Bureau of Subsidy Management policy unit. The policy unit will review the Overpayment Referral reason and calculations and will either approve or deny the claim. This process results in all entities being made aware of the program violations and allows for follow up/continued monitoring of the client or provider.

If the case does not meet the overpayment criteria, the Bureau of Subsidy Management will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, Bureau of Subsidy Management will issue the Overpayment letter and send copies to the referring agency and to IDHS Bureau of

Collections (BOC).

BOC creates an account receivable and tracks recoveries. If the responsible party wishes to make payment arrangements, BOC will establish repayment amounts and a schedule. BOC also refers accounts receivable to the Illinois Office of the Comptroller to capture other state payments, such as State Income Tax Refunds and may also refer the account to contracted private collection services to attempt repayment.

As word of collection actions (as well as filing of charges) spreads throughout program clients and providers, there is more of a chance that someone considering committing program fraud will reconsider their actions. Depending on the dollar amount, Federal, State or local law enforcement may opt to pursue prosecution, which also acts as a deterrent for others considering committing program fraud.

iii. Recover through repayment plans.

Describe the activities and the results of these activities:

By allowing providers and clients to establish a repayment plan results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

N/A

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

IDHS Bureau of Collections will handle repayment arrangements. By recovering funds through the collection of taxes results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

vi. Recover through other means.

Describe the activities and the results of these activities:

Payment in full submitted by the responsible individual. By allowing providers and clients to pay in full results in clients and providers being allowed to stay on the

program while also allowing the state to recoup funds.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency's Bureau of Subsidy Management Program Integrity and Quality Assurance and Policy units oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments. By ensuring that the Program Integrity and Quality Assurance and Policy units investigate improper payments results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

- viii. Other

Describe the activities and the results of these activities:

N/A

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The minimum dollar amount after which recovery is required is \$1.00. This aids in ensuring that any improper payment must be repaid to the program, regardless of the amount, while emphasizing the importance of adhering to program policies and procedure. This recovery of funds at a minimum of \$1 results in lowering the

percentage of overpayments and program violations.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

When an overpayment is identified by a CCR&R, Site Administered Program or IDHS (Program Integrity and Quality Assurance (PIQA), staff prepare an Overpayment Referral Packet and send it to IDHS-Bureau of Subsidy Management policy unit. The policy unit will review the Overpayment Referral reason and calculations and will either approve or deny the claim. This process results in all entities being made aware of the program violations and allows for follow up/continued monitoring of the client or provider.

If the case does not meet the overpayment criteria, the Bureau of Subsidy Management will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, the Bureau of Subsidy Management will issue the Overpayment letter and send copies to the referring agency and to IDHS Bureau of Collections (BOC).

BOC creates an account receivable and tracks recoveries. If the responsible party wishes to make payment arrangements, BOC will establish a repayment amounts and a schedule. BOC also refers accounts receivable to the Illinois Office of the Comptroller to capture other state payments, such as State Income Tax Refunds and may also refer the account to contracted private collection services to attempt repayment.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

All repayment arrangements are handled by IDHS Bureau of Collections.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

N/A

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

All repayment arrangements are handled by IDHS Bureau of Collections. By allowing providers and clients to establish a repayment plan results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

vii. Recover through other means.

Describe the activities and the results of these activities:

Payment in full submitted by the responsible individual.

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency's Bureau of Subsidy Management Program Integrity and Quality Assurance and Policy units oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments.

ix. Other

Describe the activities and the results of these activities:

N/A

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The minimum dollar amount after which recovery is required is \$1.00. This aids in ensuring that any improper payment must be repaid to the program, regardless of the amount, while emphasizing the importance of adhering to program policies and procedure. This recovery of funds at a minimum of \$1 results in lowering the percentage of overpayments and program violations.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

As soon as an overpayment is identified, staff shall prepare an Overpayment Referral Packet and sent it to IDHS Bureau of Subsidy Management will review the Overpayment Referral and will either approve or deny the claim. If the case does not meet the overpayment criteria, the Bureau of Subsidy Management will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, the Bureau of Subsidy Management will issue the Overpayment letter and send copies to the referring and to IDHS Bureau of Collections.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

All repayment arrangements are handled by IDHS Bureau of Collections. By allowing providers and clients to establish a repayment plan results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

N/A

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

IDHS Bureau of Collections will handle repayment arrangements. By recovering funds through the collection of taxes results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

- vii. Recover through other means.

Describe the activities and the results of these activities:

Payment in full submitted by the responsible individual. By allowing providers and clients to pay in full results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency's Bureau of Subsidy Management (Program Integrity and Quality Assurance and Policy units) oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments. By ensuring that the Program Integrity and Quality Assurance and Policy units investigate improper payments results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.

- ix. Other

Describe the activities and the results of these activities:

N/A

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

N/A

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

Payments are not made to a provider who, after receiving written notification of an outstanding overpayment, fail to establish a repayment plan or is in default of a repayment plan. The provider is not eligible for any child care payments until the overpayment is repaid in full or until a repayment plan is established and the first payment is received. Providers can submit written documentation to dispute an overpayment which may result in payment modification.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

N/A

- d. Other.

Describe the activities and the results of these activities:

N/A

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The state seeks relief from the Market Rate Survey due to the extraordinary circumstance of the COVID-19 pandemic. The Lead Agency typically contracts with the Illinois Network of Child Care Resource and Referral Agencies to complete the Market Rate Survey, and INCCRRA was closely involved with the Lead Agency's efforts to stabilize the child care field through the pandemic, which caused a delay in completion of the MRS.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

The waiver of the on-time completion of the MRS will provide sufficient time to complete the MRS, allowing for robust analysis and limiting the possibility of errors in the analysis due to rushed completion. This will ensure that the MRS can serve as a report upon which the Lead Agency can base its decisions, improving the delivery of child care services for children.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency will continue to provide assistance to children served through CCDF in the same manner as has been done since completion of the previous MRS; thus, the health, safety, and well-being of children served will not be compromised due to a slight delay in the completion of the MRS.

 **Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)**

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

The state seeks relief from the Narrow Cost Analysis due to the extraordinary circumstance of the COVID-19 pandemic. The Lead Agency's efforts to stabilize the child care field through the pandemic constrained its capacity to begin the Narrow Cost Analysis, which caused a delay in its completion.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

The waiver of the on-time completion of the Narrow Cost Analysis will provide sufficient time to complete the Narrow Cost Analysis, allowing for robust analysis in this new report and limiting the possibility of errors in the analysis due to rushed completion. This will ensure that the Narrow Cost Analysis can serve as a trustworthy new report upon which the Lead Agency can base its decisions in conjunction with the MRS and other reports, improving the delivery of child care services for children through more accurate determination of reimbursement rates.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency will continue to provide assistance to children served through CCDF in the same manner as has been done prior to the initiation of a Narrow Cost Analysis; thus, the health, safety, and well-being of children served will not be compromised due to a slight delay in the completion of the Narrow Cost Analysis.