

IL State Plan 2025-2027 - Public Comments

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Brynn Seibert, Vice President and Director, Child Care and Early Learning Division, SEIU Healthcare Illinois Indiana Missouri Kansas (SEIU HCIIMK)

Date: June 14th, 2024

Subject: Public Comment on Illinois Child Care and Development Fund's Triannual Plan for Federal Fiscal Years 2025 to 2027

On behalf of 16,000 licensed and license-exempt home child care providers represented by SEIU HCIIMK, I am pleased to provide public comment on Illinois's draft Child Care and Development Fund (CCDF) Triannual Plan for Federal Fiscal Years 2025-2027. We commend the Department of Human Services (DHS) for implementing important changes in their CCDF Plan that will improve the Child Care Assistance Program (CCAP) for providers, centers, and families. Despite being important, these changes either are not bold enough or, as in one case, fall short of fully implementing the new federal rules for CCDF-funded programs. This new triannual plan is an opportunity for DHS and Illinois to start implementing the changes in CCAP that will make the program stronger and position it as a foundation for building the child care and early learning system that Illinoisans need and deserve.

Below are more detailed comments we would like to present on the draft Illinois Triannual CCDF Plan.

Prospective and enrollment-based payment

Regarding payment practices as proposed on item 4.4.1, we commend DHS for moving towards implementing prospective payment, and we encourage the Lead Agency to have the policy finalized and implemented before the end of the two-year waiver. However, we strongly recommend that the Lead Agency reconsider its position on enrollment-based payments. On the current version of the triannual plan, DHS claims that such a policy is not practical due to current attendance-based payment practices. Current Administration of Children and Families (ACF) regulations clearly state that payment should be based on "authorized enrollment" and that payment should be delinked from attendance, with the latter having a role restricted to program monitoring.¹

We also note the language from ACF stating that "Further, the final rule revises (m)(2) to require Lead Agencies who determine they cannot pay based on enrollment, to describe their alternative approach in the CCDF Plan, provide evidence that the proposed alternative reflects private pay practices for most child care providers in the State or Territory, and does not undermine the stability of child care providers participating the CCDF program. ACF only expects to approve alternative approaches in limited cases where a distinct need is shown."² We do not believe that the 70% attendance policy meets these standards; it does not reflect private pay practices for most child care providers in Illinois; and it undermines the stability of child care providers participating in the CCDF program. It also closely resembles the deleted options at former paragraphs (l)(2)(ii) and (l)(2)(iii)—either payment based on 85% of authorized enrollment or allowing 5 or fewer absences per month per child—of which ACF states: "Neither of the two now-deleted options supported a provider's fixed operational

costs, continuity of care for children, or reflect the norm for families paying privately, and going forward, ACF will not approve either option as an alternative approach to the requirement to pay providers based on enrollment.”³ We believe that DHS has failed to provide the required evidence that the 70% attendance policy does not undermine the stability of providers participating in the CCDF program, and ACF is likely to reject it.

As the Lead Agency recognizes in item 4.1.1(a) of the plan, “Not being paid for all eligible days” is one of the barriers for provider and center participation in CCAP. Enrollment-based payments will strengthen CCAP, eliminate one barrier for provider participation in the program, and give home providers and centers access to much more stable funding than the current system. Enrollment-based payment will also eliminate a policy that penalizes providers and reduce funding because of events that providers, centers, or families have no control over (sickness, family emergencies, and other types of emergencies) that could lead to absences, program closure, or make providers unable to provide care. We understand that implementing such a policy will have budgetary impacts, but these impacts could be worked out through a two-year waiver like the one requested for prospective payment.

This combination of prospective payment and attendance-based payment can also create an even more complicated and unyielding payment process for providers. If attendance is used to determine payments but payments are made in advance, this implies that days paid for but not used by children with attendance lower than 70% of eligible days (per current CCAP rules) will have to be recouped by the Lead Agency somehow. If this is the case, this will further destabilize provider funding since providers won’t be able to fully use prospective payments until they know that the children met the 70% attendance requirement.

If the Lead Agency does not reconsider its position on enrollment-based payment, we strongly encourage DHS to revise its certificate policy to give home providers, both licensed and license-exempt, access to the same policy allowing centers to adjust the number of eligible days in a month due to extraordinary events. As item 4.1.1(e) indicates, this policy is only available for centers. The current Collective Bargaining Agreement between the union and DHS will have up to five days of paid time off for home providers in case they decide to close their program for an emergency or planned closure. However, the new policy will not protect providers’ payments from children’s absences they have no control over. By giving home providers the ability to adjust eligible days due to unforeseen and multiple absences, this new policy would give providers access to better, more stable funding.

Enhance rates and supports for providers

To properly support the population of dual language learners in the state, especially with the recent arrival of thousands of newcomers from Central and South American countries, we recommend the Lead Agency to include and develop enhanced rates (also known as “add-ons”) for providers caring for children who are dual language learners so they can offer the best care for those children. Research shows that support for dual language learners beginning in early childhood is key to improve readiness in English and to create spaces for non-English speaking children to thrive.⁴ This can be done by including this population on item 4.3.3(b)(vii).

We also encourage the Lead Agency to improve existing policies to support providers caring for children with disabilities. We hear from our members constantly how the current policies to support them in caring for children with disabilities are not enough to give them the proper tools and ability to care for those children.

As license-exempt provider Gigi Denton from Champaign testifies, “I have many challenges when dealing with a special needs child. I have to find innovative ways to deal with anger, sadness, focusing their attention, getting them to settle down in a way that doesn't cause them to take offense. It can be taxing, and they have days that even feeding them can be difficult. I use my own money to purchase materials as teaching tools, as well as different foods to get them to eat. Any help to offset this cost is greatly.”

To further support providers and children with disabilities, we believe the Lead Agency could implement some of following options: DHS can work with home child care provider's union to implement the special needs add-on currently in their collective bargaining agreement but never implemented; provide funding for providers to purchase appropriate and adaptive materials and equipment; expanded slots funded by grants or contracts specifically for children with disabilities; develop and fund policies to recruit and retain paraprofessional for both center and home settings.

Presumptive eligibility and Initial Activity Search

We encourage the Lead Agency to consider implementing presumptive eligibility options to reduce barriers to enrollment. On item 2.1.1, DHS has only selected the policy option that the department already has in place, i.e., coordinating eligibility for different programs within the same household. Despite this important policy, this is not enough to reduce families' burden to access the assistance they may have the right to. Creating a “one-stop shop”, both virtual and physical, for all income-based programs such as Medicaid, CCAP, SNAP, and many others will improve uptake in such programs and increase access to those families that need more than one type of assistance.

Implementing presumptive eligibility would also strengthen CCAP for families and providers. Under current rules, providers take a gamble on caring for children while the family's CCAP application is in review—and it is not practical for providers to turn away families who immediately need child care, or to ask families who are applying for child care assistance to foot the bill for up to three months. For families, presumptive eligibility would give them access for at least three months of care while determination is being completed, guaranteeing temporary stability and access to some type of care while their assistance request is being processed. For providers and centers, this policy would guarantee that they receive payments for the initial period of determination and would not have to wait until eligibility determination is finalized to get paid. The combination of these two changes would improve provider's economic well-being and access to more stable funding which will incentivize providers to enroll more CCDF-funded children and expand options of care for families that depend on CCAP.

We also encourage the Lead Agency to retain the three-month Initial Activity Search program as part of accessing families' eligibility for the program. This would allow parents looking for a job to receive needed child care while they are looking for a job. This would support not only families that need care to be able to find work, but also newcomers that have job permits and could be supported by this policy to integrate themselves and their families into

Illinois' economy. This could be achieved by indicating on item 2.5.3 that the Lead Agency will consider the period of employment search as eligible.

Expanding the populations with waived co-payments

We applaud the Department's ongoing commitment to making child care more affordable to families by reducing and capping co-pays, and we strongly recommend that the Lead Agency add three more populations under those that can have co-payments waived: families with income equal or lower than 150% FPL, families with children with disabilities, and asylum-seeking families.

The first two types of population are pre-approved by the new ACF regulations, and we encourage the Lead Agency to waive co-payments for those populations since that would increase access and uptake of CCAP for families that need it most.⁵ As Barbara Green confirms from 33 years of experience as a provider in Marion, "copays have been hard on me and my parents. Most parents can't afford the copay, and we the providers will get hurt because providers don't have that money and we are always losing out as a daycare." The third case— asylum-seeking families— speaks to the current influx of newcomers to Illinois and the need to address their needs as they find new footing and rebuild their lives in the state, and will support providers caring for children of newly-arriving families. Allowing asylum seekers to access CCAP with co-payments waived will support these families and improve their integration into Illinois' economy and society. This can be done by adding this population under item 3.3.1(vii).

Align family eligibility with the child that most recently entered CCAP

To further support families in CCAP, we encourage the Lead Agency to change its current 12-month eligibility policy to align with current federal recommendations. According to item 2.5.2, current policy indicates that a family is eligible for 12 months of assistance from the application of the first child with other children in the same household receiving pro-rated assistance as they enter the program based on the first child's initial enrollment in CCAP. In other words, a second child that comes into a family's CCAP eligibility during the third month of the first child's eligibility will receive only 9 months of care before having to be redetermined. A child that's added at the end of a family's CCAP eligibility period will have to have their eligibility redetermined with the other children in the same household soon after entering the program.

Current ACF regulations encourage states to align eligibility with the child that most recently entered CCAP. In the case above, that means the second child would get 12 months of eligibility while the first one would have 3 months added to their eligibility period, totaling 15 months of eligibility for the first child. We believe such change would stabilize families' uptake and permanence on CCAP since it will reduce administrative burden on them as well as improve home providers and centers access to stable funding since extending eligibility period for families leads to providers having stability of funding when they take care for more than one child from the same household.

Timeline for background checks

Given how home providers and centers have difficulty hiring staff due to the long time that background checks take to be completed, we commend DHS for signaling on item 1.2.3 that the Lead Agency plans to include a schedule for completion of background checks by the Department of Children and Family Services (DCFS) and indicator to assess how efficiently DCFS is completing the checks. We expect these changes will improve the speed and reduce the wait time for background checks, allowing licensed homes and centers to staff more quickly. We hope to see this change implemented sooner than 2026, but we believe DHS is moving in the right direction to improve staffing for licensed homes and centers.

Further transparency and participation in CCDF rulemaking

We commend the Lead Agency for implementing the ongoing public procedures for review and comment on the new rules as required by the Administration of Children and Families and reflected in item 1.3 of the Triannual CCDF Plan. However, we believe that such a process should not be restricted to the period when a new plan is being drafted, and it should be part of any changes in rules or in the plan throughout its life. With many changes coming in the next few years, both at federal and state levels, transparency and opportunity to engage with the new rules can strengthen CCAP for providers, families, and other stakeholders. In addition, we also encourage the Lead Agency to include language accessibility measures by making all materials related to CCDF available on other languages and having interpreters during meetings to improve engagement by non-English Speakers.

Expanding grants and contracts

We encourage the state to expand grants and contracts beyond the site-administered contract program. Despite meeting federal requirements through the program (as pointed out in item 4.5.1 of the Plan), this is still a small part of CCAP.

As licensed provider Dr. Erma Jackson from Chicago argues: “As an advocate for early childhood education, I am committed to creating positive change in Illinois. I strongly encourage the state to expand grants and contracts beyond the site-administered contract program. By doing so, I can enhance the effectiveness of my program and provide better support to families in need. Expanding the availability of stable, per-slot funding to home educators and centers would strengthen our programs, increase families’ access to slots, and align with Illinois’ goal of funding based on the actual cost of care. Drawing inspiration from California’s successful model, collaboration with family childcare educators, our union, and other stakeholders can facilitate a transition away from the voucher system, resulting in a more beneficial approach for both families and educators.”

Illinois could follow California’s example, and work with family child care providers, their union, and other stakeholders to move the state away from the voucher system and towards a system that will benefit families and providers alike. The state can also follow Washington State’s lead in creating stable, monthly funding for providers on top of their Rates.

Ireta Gasner, VP, Illinois Policy

June 14, 2024

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Re: Illinois CCDF State Plan

Dear Secretary Quintero,

Start Early is appreciative of the opportunity to provide comments to the Illinois Department of Human Services (IDHS) on the draft copy of the Illinois Child Care Development Fund (CCDF) Plan (“the plan”). Start Early is a nonprofit public private partnership that advances quality early learning and care for families with children, from before birth through their earliest years, to help close the opportunity gap. We work at the national, state and community levels to improve early care and learning systems and programs and services for children under age five and their families.

Our public comments on the 2025-2027 CCDF Plan reflect our commitment to ensuring that all children have equal access to quality early care and learning programs, especially those in priority populations. IDHS has made great strides to increase accessibility and quality in the Child Care Assistance Programs (CCAP). Our hope is that during the 2025-2027 plan period, Illinois continues to improve the accessibility of child care for more families in Illinois. We look forward to working with IDHS in the months and years ahead to reimagine our early care and learning system and build it back stronger than ever.

Below we offer both general and specific comments on the CCDF plan. Overall, we believe the plan is strong and appreciate IDHS’s commitment to continued enhancements to the plan.

General Recommendations

- We recommend that the department focus on utilizing grants and contracts to increase the number of child care providers willing and able to care for infants and toddlers and children with disabilities. In our comments, we provide recommendations on strategies to build the capacity for providers and ensure the sustainability of building a system that is more inclusive of the complex needs of these priority populations.
- Start Early advocates for further collaboration and transparency between IDHS, early childhood stakeholders, and parents. We appreciate the many improvements IDHS has made to the Child Care Advisory Council (CCAC) meetings over the last few years—these meetings are well-organized and slide decks and recordings are shared after the meeting in a timely fashion. We were surprised that CCAC was not more meaningfully engaged to provide input into the draft plan as they were in previous plan cycles when committees were assigned to review sections of the plan and provide recommendations for IDHS to consider for the draft plan. Furthermore, the public comment period leaves only approximately 2 weeks for the Department to review and consider feedback received, which is realistically only enough time to consider very minor changes. In prior plan cycles, the plan was presented to the Early Learning Council as well for

discussion and feedback at a meeting—this year, the cross-sector stakeholder group was only provided with an email linking to the draft plan with an invitation to submit comments along with the rest of the public, which is not reflective of a meaningful approach to engagement of this important advisory body. It is also unclear how parents were engaged in providing input into the plan. As we look forward to the creation of the new Department of Early Childhood, it is more important than ever that advocates, providers, and parents all have a seat at the table to critically engage with changes to CCAP and its evolving relationship to other early childhood funding streams/programs.

1 CCDF Program Administration

1.3.1

CCDF regulations require that Lead Agencies coordinate the provision of child care services with the state agencies responsible for services for children experiencing homelessness, including State Coordinators of Education for Homeless Children and Youth (EHCY State Coordinators) and, to the extent practicable, local liaisons designated by Local Education Agencies and Continuum of Care Grantees. The draft CCDF plan provides little to no evidence that this coordination is occurring. The draft plan states that the plan was presented to the Early Learning Council and that the state McKinney-Vento coordinator is a member of that Council. First, the plan was disseminated via email to the ELC—there was no presentation and meaningful opportunity for input and discussion among that stakeholder group. Second, the state’s roster for the ELC lists a McKinney-Vento representative who retired on September 30, 2021. Furthermore, neither the Child Care Advisory Council nor the ELC have any representation from the homeless services system. We urge IDHS to more meaningfully engage the state McKinney-Vento coordinator and other representatives and advocates from the housing and homeless services sector in coordinating CCDF services. This will be increasingly important as the state moves forward with a unified early childhood agency that will further structurally separate the Education for Homeless Children and Youth program housed at ISBE from Illinois’ early care and learning system.

1.3.2

There are several questions left unanswered in this section, including questions about how IDHS is ensuring the public hearing is accessible to all geographic regions and stakeholders who speak languages other than English and those who may benefit from different formats that are more appropriate for lay audiences. IDHS also did not indicate how public input was considered in the drafting of the plan. Although we commend IDHS for its well-organized and regularly scheduled Child Care Advisory Council meetings, these meetings alone are not adequate for obtaining meaningful input from the public. We recommend that in future, IDHS take additional steps to obtain input from the public and transparently share how and why that input is used.

2. Child and Family Eligibility and Enrollment and Continuity of Care

2.1.1

IDHS has made numerous policy changes over the last few years that expand eligibility to families; however, many families remain unaware of those policy changes and don’t realize they may be eligible. We urge IDHS to expand eligibility practices to identify more families who are eligible for the Child Care Assistance Program and remove barriers to their enrollment. Specifically, we encourage IDHS to consider establishing presumptive eligibility, expand office hours and phone and online consultation, and explore the use of a self-assessment screening tool. We also recommend the Department accept enrollment in

other public benefits programs to verify eligibility for CCDF. Enrollment in other public benefits streamlines the CCAP enrollment process for the Department and families.

2.2.2(f)

We commend the state's efforts to increase access to CCAP for families experiencing homelessness and those involved in the child welfare system; however, many families from priority populations continue to struggle with accessing CCAP. We strongly encourage IDHS to reconsider expanding the eligibility criteria to children impacted by parental incarceration and to continue providing child care subsidies to those who are searching for eligible work or education activity or also called Initial Activity Search (IAS). IAS provides critical access to child care subsidies as families work towards more permanent jobs and educational opportunities—benefits that will usher in long-term economic security and stability for families. IAS is a critical benefit not only to parents looking for work but for rebuilding the workforce after the major economic disruptions of the pandemic. We recommend that DEC prioritizes continuing IAS for upcoming appropriations opportunities.

Children impacted by parental incarceration represent a priority population that does not receive specialized eligibility or prioritization under the current CCDF plan. In January 2021, the Early Learning Council approved an update to the Priority Populations list and designated children impacted by parental involvement in the criminal legal system as a priority population. Access to child care is critically important for families with young children who are impacted by parental incarceration. The loss of financial support upon the incarceration of a parent, who is most often a key financial provider for the child, may jeopardize the critical support that the child receives. Child care is a critical support for all families and can become even more important to supporting the developmental health and overall stability for children impacted by incarceration, especially if they are cared for by non-parental caregivers who need to work during the day.

Existing pathways to access CCAP, including through the Extended Family Support Program (EFSP) and the McKinney-Vento definition of homelessness, do not fully address the needs of this population. First, while some children impacted by parental incarceration may be involved with child welfare services through formal foster care placements, other children may be supported by relative caregivers or family friends in informal caregiving arrangements without Department of Child and Family Services (DCFS) involvement. Through Public Act 102-0926, families participating in the Extended Family Support Program, regardless of whether they are working or in an approved education or training program are eligible for CCAP. Though this offers an additional pathway for kinship caregivers of children impacted by parental incarceration to access child care supports, the connection of the EFSP program with the Department of Children & Family Services poses a significant barrier for families who may be concerned about engaging with the child welfare system and therefore decline to access CCAP through this route. Even though EFSP does not require families to have an open case with DCFS, EFSP does require that temporary caregivers contact DCFS via a hotline call to engage in the program. As noted by the Women's Justice Institute, this may be a major deterrent for caregivers of children impacted by parental incarceration who fear increased surveillance and involvement by DCFS. Families who do end up making the call, despite not technically needing court-ordered guardianship to qualify for services, may in some instances be assigned to a DCFS caseworker or experience other escalation of DCFS involvement, according to the Women's Justice Institute. IDHS should first explore adding categorical eligibility for CCAP for children of incarcerated parents. Barring categorical eligibility for this group, at the very least, IDHS should collaborate with expert groups representing the lived experience of families impacted by incarceration to clarify the existing policy (that families do not need to be involved with DCFS to be eligible for EFSP) and also create new pathways for accessing EFSP (i.e. eliminate the need to make a

DCFS hotline call to access the program). Families seeking support through EFSP should be referred to or request services without placing a hotline call. Home visiting, child care, pediatrician, or other family-facing providers should be partners in disseminating information to families and supporting referrals to EFSP. IDHS should collaborate with Women's Justice Institute to develop family-facing messaging and should work with the Illinois Department of Corrections and county jails to ensure that individuals who are incarcerated are provided with information about the EFSP program and CCAP access.

Lastly, formal clarification of current CCAP policy and eligibility under the McKinney Vento definition of homelessness, with respect to children in informal caregiving arrangements, including children impacted by parental incarceration, could be one approach to improving access for this population. Though children impacted by parental incarceration may technically meet the McKinney-Vento definition of homelessness and be designated as unaccompanied homeless youth, this eligibility category is not necessarily a viable pathway to CCAP access for informal caregivers who are themselves not homeless, but who are caring for children impacted by parental incarceration and therefore are sharing the housing of other persons. IDHS should work to specify if children impacted by parental incarceration are eligible under the McKinney-Vento definition, and if so, how caregivers can navigate their documentation of eligibility.

2.3.1

We recommend that IDHS add "children found eligible for Supplemental Security Income (SSI)" to the definition of "children with special needs" priority group.

2.3.2

The plan indicates that IDHS will prioritize children with special needs (children with disabilities and developmental delays) by requiring that this population be served without being placed on a waiting list. Start Early recommends that this population should also be prioritized for enrollment in child care services, mirroring the requirement under the Head Start Act of 2007 that programs enroll at least 10% of the program with children with disabilities.

Illinois must do more to ensure families with children with disabilities not only have access to the safe, stable child care they need, but also that children are fully included in their child care program. Given the lack of accurate data on how many children with Individualized Education Plans or Individualized Family Services Plans (IFSP) are enrolled in child care, we believe it is imperative that the state begins inquiring about whether a child has an IEP or IFSP to not only better target support to families and child care providers who enroll children with disabilities, but also to better understand the demand for inclusive child care.

2.4.1

Outreach to eligible families that experience homelessness can be difficult. A 2021 US Department of Education report on early childhood homelessness across all 50 states reported that in Illinois, only 10% of young children that experience homelessness are known to be enrolled in a federally funded early childhood education program. To remedy this issue, we recommend that IDHS lead the development of a statewide memorandum of understanding across CCAP, CCR&Rs, Illinois Department of Public Health, HUD Continuums of Care, Local Education Agencies, Illinois State Board of Education McKinney-Vento Program, Early/Head Start programs, and other relevant early childhood programs, that establishes stronger, more intentional routines of collaboration for the purpose of identification of families

experiencing homelessness, referral, collaborative service provision, training and technical assistance, and data sharing. Start Early stands ready to support this effort as needed.

2.5.2

Start Early recommends that IDHS implement 12-month minimum eligibility when children are newly added to a family already participating in the subsidy program. Extending eligibility beyond 12 months for when a new child is added to a family already participating in child care subsidy eliminates additional bureaucratic barriers while providing continuous care for all children in the family. We believe that this policy incurs minimal to no costs on the state, as redeterminations for families with multiple children rarely result in denials for the first child.

2.5.5

Start Early recommends that IDHS change their redetermination income guidelines to 85% of the State Median Income (SMI) as permitted by federal regulations. The draft plan states that most families transition out of the program prior to reaching 225% FPL which suggests minimal financial impact of making this change.

3 Child Care Affordability

3.3.1

Start Early recommends that IDHS waive co-payments for three additional populations: eligible families with income up to 150% for the Federal Poverty Level, eligible families with a child with a disability, and child care educators who qualify for CCAP. Lowering child care costs for families is crucial to ensuring equal access, and unaffordable co-payments for families with very low incomes undermine parental choice in care and the goal of increasing the number and percentage of children in families with low income in high-quality child care settings. Waiving co-payments for families at or below 150% FPL would save families up to \$103 per month/per child that can be used for other needs within their household, such as diapers or rent and utilities. Families of children with disabilities often bear greater financial burdens in many aspects of their lives, given the dearth of resources and supports available for people with disabilities in general. Waiving co-payments for these families would reduce this financial burden, improve access to child care and employment, and more effectively prioritize this population. Similarly, easing the financial burden on child care educators would support those educators in continuing to work during a time when Illinois faces acute shortages of child care staff.

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

4.2.1(c)

The plan asks IDHS to report how and when the State Advisory Council or similar coordinating body was consulted in developing and executing the Market Rate Survey. IDHS reported here that they received no recommendations on base rates from the Early Learning Council nor from the Child Care Advisory Council. Although IDHS informed the Child Care Advisory Council of the Narrow Cost Analysis, it is unclear if the Child Care Advisory Council or the Early Learning Council was ever consulted about the methodology for the Market Rate Survey. Moving forward, we encourage IDHS to more meaningfully engage both advisory bodies in conversations about rate setting methodology and provide more opportunities for input rather than just information sharing.

4.2.1(d)

Several fields are left unanswered in this section, including the question about whether the MRS survey was conducted in languages other than English. Given the significant number of providers for whom English is not their first or most comfortable language, we recommend future surveys be conducted in multiple languages.

4.3.2

Illinois continues to set rates below the 75th percentile as recommended by ACF with significant variation across care types and geographic regions. We strongly recommend that IDHS work to increase rates to the 75th percentile by targeting rate increases where disparities are greatest. We understand that resources do not allow for across-the-board increases to meet the recommendation; however, we can make progress toward this goal in an equitable manner by putting additional resources where data shows the need is the greatest. Additionally, it is clear from the Market Rate Analysis that even within regions there is wide variability regarding the adequacy of rates. We recommend that IDHS consider a new approach to rate setting geographically that better accounts for these disparities and promotes more equitable payment practices.

Finally, the chart in this section needs attention. One column asking the percentage of providers receiving the base rate is not answered and the numbers in the columns asking about percentile rates should be expressed in dollars, not as percentages.

4.3.4(a)

An update is still needed on the total sample size for the Market Rate Survey.

4.5.3

Start Early recommends the use of grants and contracts to improve the supply and quality of child care for children with disabilities and infants and toddlers. The new federal CCDF rule acknowledges and addresses the need to dramatically increase the supply of child care for these populations and supports states in using an important tool, grants and contracts, to address child care shortages for these populations. Illinois's draft CCDF plan does not indicate a plan for utilizing grants and contracts in this way, nor does it propose efforts to sufficiently address the challenges faced by families of infants and toddlers and those with disabilities.

As drafted, Illinois' CCDF plan does little to address the needs of families of children with disabilities, who struggle to find providers willing and able to care for their children. In fact, new research from our colleagues at Illinois Action for Children shows that families experience significant negative economic and health impacts because of lack of child care, including loss of income or inability to work altogether, increased stress and worry and poor physical health due to stress and lack of rest.

In 2022, the All Families Served and Inclusion Subcommittees of the Early Learning Council provided joint recommendations to IDHS on how to improve child care's ability to serve children with disabilities who access CCDF-funded care. Those recommendations urged a two-pronged approach that would establish inclusion specialists within CCR&Rs and a grant program that provides TA and resources directly to child care providers to modify child care environments and facilities and provide staff with opportunities for training and technical assistance. The Inclusion Specialist, like the existing Quality Specialist within the CCR&Rs, would be a consultative role designed to work with child care program staff to improve inclusive practices and connect providers to appropriate resources. Inclusion Specialists' role is distinct from Infant and Early Childhood Mental Health Consultants. These recommendations align with the recent research on this topic from Illinois Action for Children. INCCRRA should additionally operate a grant program available to child care providers to receive targeted TA on how to improve their readiness to serve

children with disabilities in their setting of choice. This program would be open to any child care provider, as children are served in a variety of settings, all of which need to be prepared to welcome and serve children with delays and disabilities. We have also provided the recommendations regarding inclusion grants and support as a separate attachment for your reference.

Illinois families are also facing severe shortages of child care for infants and toddlers. In 2022, Start Early published the Infant and Toddler Child Care Road Map, which examined the current supply, demand and impact of infant-toddler child care on family well-being and the economy, and surfaced community-informed recommendations for meeting the demand of high-quality care that supports positive economic growth and child development in Illinois. Through surveys and focus groups, providers told us that infant and toddler child care is not only significantly more expensive to operate than care for older children, but it can also be more physically and emotionally demanding for staff, and that it is much more difficult to find qualified staff to work in infant-toddler classrooms. In fact, our report found that many providers operate infant-toddler classrooms at a financial loss and that on average, infant-toddler teachers are paid less than their counterparts working in preschool age classrooms.

Among the recommendations included in the full report are specific ideas focused on strengthening the CCAP program, including expanding eligibility for the program, improving timeliness of processing CCAP applications and payments, providing an infant-toddler rate add on and decoupling that rate from private pay rates, and expanding the use of grants and contracts. As mentioned earlier, we commend Illinois for efforts to expand eligibility and general access to CCAP and were also thrilled to see in the draft plan the intention to decouple private pay and CCAP rates. We also appreciate that child care programs that serve infants and toddlers are prioritized for Quality Improvement grants for programs that are working towards a Circle of Quality.

Although these are positive steps, they are not nearly enough to solve our current infant-toddler child care crisis. The ExceleRate pilot project and the Strengthen and Grow program have both demonstrated the success of utilizing grant programs to support continued access to and quality improvements for infant and toddler care. We strongly urge IDHS to also leverage grants and contracts to build the supply of child care for infants and toddlers and children with disabilities. The draft plan indicates that the state already employs this approach; however, this seems to be referring to the site-administered contracts. Although site-administered contracts have some benefits to families and providers in terms of speed and ease of applying for CCAP, in their current form and scale, they do not meaningfully address shortages of child care for infants and toddlers and children with disabilities.

5 Health and Safety of Child Care Settings

5.3.6

Start Early recommends that I/ECMHCs be listed as a resource that providers/programs can use to support them in addressing issues of child maltreatment.

5.6

To support and enhance the ongoing learning of providers and staff, we recommend that IDHS build a statewide network of Child Care Health Consultants to be housed at CCR&R's, with services available to child care centers and homes at no cost to providers. Child Care Health Consultants can provide tailored training to providers on staff on a variety of topics regarding health, safety, and nutrition. The continuing decline in vaccination rates for all age groups, recent outbreak in measles and other infectious diseases like strep and meningococcus, and the continual threat of SIDS, Child Care Health Consultants are a tool that can increase providers' ability to support all children including those with disabilities, with limited

English proficiency, and who have chronic illness or medical complexities. It is clear existing training does not go far enough to prepare providers to support all children with their health and safety needs. As demonstrated in the recent report published by Illinois Action for Children, children with disabilities are consistently turned away or asked to leave the program they have enrolled in. Cost of and inability to find relevant training were significant reasons child care providers felt they were unable to provide adequate care to children with disabilities. They responded positively to the idea of individualized, onsite support, which reflects the tailored services Child Care Health Consultants provide. We have also provided our full recommendation regarding Child Care Health Consultants as a separate attachment for your reference.

Finally, legislation was passed in 2017 requiring that “By July 1, 2022 all licensed day care home providers, licensed group day care home providers, and licensed day care center directors and classroom staff shall participate in at least one training that includes the topic(s) of early childhood social emotional learning, infant and early childhood mental health, early childhood trauma, or adverse childhood experiences. Current licensed providers, directors, and classroom staff shall complete a training by July 1, 2022 and shall participate in training that includes the above topic(s) at least once every 3 year.” This training should be referenced in this section.

6 Support for a Skilled, Qualified, Compensated Child Care Workforce

6.1.1

Child Care Health Consultants also provide support for the health and wellness of staff through a variety of evidence-based professional development and coaching opportunities. As you well know, staff with well attended physical and mental health needs are more ready to engage with children and families and help them learn. Opportunities that are provided in a variety of languages and that come to the child care center can promote engagement among staff by decreasing barriers to participation. The Department should consider adding access to EAP programs as support.

6.2.3(b)

Start Early recommends that IDHS add that the statewide Infant/Early Childhood Mental Health Consultants that are available to programs are listed on the database maintained by Gateways to Opportunity/INCCRRA and these consultants follow the IL Model of Consultation and go through the orientation administered by Gateways/INCCRRA. It is recommended that IDHS add that I/ECMHCs can be utilized as a professional development support to staff.

6.3.3

We appreciate that the state provides training and information in both English and Spanish; however, we recommend that the state consider producing materials in other languages as well, including Arabic, Mandarin, and Polish. Although Spanish and English are certainly the most spoken languages in Illinois among child care providers and families, there is likely a need to ensure those Illinoisans who speak other common languages have equal access to information and training as well. The state should review data on languages spoken by providers and families to assess the need.

We appreciate that the draft CCDF plan states that “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.” However, this section does not address how IDHS supports the professional development and capacity of programs and providers to support children with developmental delays or disabilities, as required in 6.3.3. IDHS should clarify in this section which of the

training related to children with disabilities through INCCRRA is required for licensed programs, and in the case of the Welcoming Each and Every Child training, that the full training (7 hours) rather than the shortened version (3 hours) is required.

7 Quality Improvement Activities

7.2.1(b)

As mentioned in comments under sections 5.6 and 6.1.1, Start Early recommends that IDHS establish a statewide network of Child Care Health Consultants to address health and nutrition related challenges and provide critical supports to providers to improve quality of child care and promote inclusion of children who are medically fragile and have disabilities.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

8.1.1(b)

We appreciate that IDHS is committed to collaborating with ISBE (as the state lead for Part B of IDEA) “with the goal of coordinating efforts and resources for serving children with special needs children including how to best utilize funding and coordinate community-based organizations and programs.” We would encourage IDHS to specifically issue coordinated guidance with ISBE regarding the role of CCAP providers in supporting children 3-5 with delays and disabilities, including collaborating with the Local Education Agency (LEA) to facilitate the provision of IDEA special education and related services in the community child care program through an itinerant service delivery model. This should include examples of how CCAP providers can and should be engaging LEAs through MOUs, participating in IEP meetings if desired by the caregiver, and otherwise supporting children with disabilities to remain in their inclusive settings to receive their IEP services. IDHS should collaborate with Early CHOICES, the inclusion arm and TA provider for ISBE, to fill in gaps in essential knowledge among child care providers regarding the benefits and requirements related to inclusion of children with disabilities. Start Early also recommends that IDHS work with the Department of Healthcare and Family Services to continue and/or reinstate co-trainings to help the Medicaid/CHIP program to understand how access to high quality early learning and child care programs satisfy their outcomes and to increase referrals.

8.1.1(p)

We appreciate the partnership between IDHS and DCFS to create policy. We recommend that the agencies collaborate to ensure that their policies and procedures are aligned to create a streamlined and seamless enrollment process for families involved in the child welfare system.

9 Family Outreach and Consumer Education

9.2.1

Start Early recommends that the website include the link to the I/ECMHC database (and/or reference to Caregiver Connections) and the public awareness materials developed by OECD about I/ECMHC be made available on the Illinois Cares for Kids website so that programs know how to access I/ECMHC.

9.3.2

Start Early recommends that IDHS explore collaboration with the IL Department of Corrections to increase that system’s knowledge of the availability of child care services to families impacted by incarceration (and for individuals who are being released). The passage of HB5084, requiring IDHS to enter into intergovernmental agreements with the Illinois Department of Corrections, the Cook County Department

of Corrections, and the office of the sheriff of every other county regarding data sharing and WIC enrollment, should facilitate collaboration and partnership between IDHS and these entities around child care enrollment and eligibility.

Start Early also recommends that IDHS capitalize on the upcoming release of the Behavioral Healthcare and Ongoing Navigation (BEACON) portal from the Children's Behavioral Health Transformation Initiative and the updates to the emotional well-being sections of the Illinois Cares for Kids website and list these as resources for parents and providers.

9.3.7

Illinois passed PA100-0105 in 2017 preventing the expulsion and suspension of children 0-5 due to challenging behavior from early childhood programs (including all licensed child care programs). The IL Department of Children and Family Services developed administrative rules for this legislation. These points should be referenced here, and it is recommended that IDHS make this information available to parents and providers on the consumer website. It is also recommended that IDHS develop guidance and best practices as resources for providers. There are already materials that have been developed that could be utilized and capitalized on.

Thank you for considering our comments. As always, we stand ready to partner with IDHS to achieve our mutual goals. For more information about our comments, please contact Carie Bires at cbires@startearly.org.

Sincerely,

Ireta Gasner,
Vice President, Illinois Policy

Bri Stormer, Senior Policy and Engagement Specialist, Action for Children on behalf of We, the Village Coalition

6-14-2024

We, the Village Coalition Response to the Draft Illinois Child Care and Development Fund plan FFY 2025-2027

Fri 6/14/2024

Good Morning,

In the attached, please find the We, the Village Coalition's response to the draft Illinois CCDF plan. Thank you for the opportunity to provide public comment, and please do not hesitate to reach you if you have any questions.

All the best,

Bri Stormer, on behalf of the We, the Village Policy Committee

June 14, 2024

Dear Ms. Rooney,

Thank you for the opportunity to provide public comment to the Draft Illinois Child Care and Development Fund (CCDF) plan FFY 2025-2027. We, the Village Coalition has provided the below comments to consider before the Department submits the final CCDF plan. Our main concerns are within the following sections (hyperlinked for ease).

- Section 1: CCDF Program Administration
 - o 1.3.2. Public Hearing Process
- Section 2: Child and Family Eligibility and Enrollment and Continuity of Care
 - o 2.1.1. Improving Practices to Reduce Barriers to Enrollment
 - o 2.2.4 Initial Eligibility: Income Limits
 - o 2.3.1 Lead Agency Definition of Priority Groups
 - o 2.3.2 Prioritization of Childcare Services
 - o 2.5.2 Minimum 12-Month Eligibility
 - o 2.5.3. Job Search and Continued Assistance
- Section 3: Child Care Affordability
 - o 3.3.1 Waiving Family Co-Payment
- Section 4: Parental Choice, Equal Access, Payment Rates, and Payment Practices
 - o 4.2.1 Completion of the Market Rate Survey or ACF Pre-Approved Alternative Methodology

- 4.3.2 Base Payment Rates
- 4.4.1 Prospective and Enrollment-Based Payment Practices
- Section 6: Support for a Skilled, Qualified, and Compensated Child Care Workforce 6.1.1 Strategies to Improve Recruitment, Retention, Compensation, and Well-Being
- Appendix 1: Lead Agency Implementation Plan

1.3.2. Public Hearing Process

The CCDF state plan drives the state’s direction for the upcoming three years and as such, we believe that opportunities to engage should be widespread, inclusive, and accessible. Following another state’s example (i.e. New Mexico), we recommend IDHS to consider the following engagement opportunities for current and future CCDF plans:

- Publish the “Notice of Public Hearing” in multiple languages to make the opportunity accessible to broader audiences. The engagement opportunities should be inclusive for non-english speaking populations. We encourage the Department to make future notices available in multiple languages. See example here.

- Provide a summary of the CCDF state plan in a presentation.

It is prohibitive to ask members of the ECE ecosystem to read through such a lengthy document. To make it easier and more accessible to engage with the materials, the agency should summarize the changes made in each section of the plan. See example here.

- Conduct public meetings for tailored audiences. It is a given that there will be many perspectives who will want to engage in the CCDF state plan and therefore the Department should provide multiple webinars for specific audiences such as: ECE workforce members, members of state/local government, and/or parents. See example here.

To accommodate those who do not have access to stable internet, we would recommend holding hybrid and/or in-person public meetings.

- Publish in real-time the public comments received. For this process in other states, other states actually publish the public comments (anonymously) that they receive in real-time to ensure transparency for the broader public. See example here. We encourage the Department to consider implementing this tactic for this year’s public comment so the public can see what other members of the ECE ecosystem think should change.

We further recommend that all the above materials be translated into multiple languages and that live translation be available for any webinars.

2.1.1. Improving Practices to Reduce Barriers to Enrollment

As we move to a single agency and continue to center the needs and preferences of families, we should continue to strive for the easiest possible way to engage with the ECE system. That begins with how families access and apply for services. While the Department develops an online subsidy application, it should also consider further reducing the burden on families by:

- Working to determine eligibility and redetermination within 10 working days upon receipt of all required documents from the family,
- Utilizing the Department’s database for information in lieu of some required documents to reduce repetition and redundancy for families, and

- Developing a plan for establishing presumptive eligibility and leveraging eligibility from other public assistance programs to improve services to families enrolling in child care assistance.

2.2.4. Initial Eligibility: Income Limits

We, the Village recommends the Department change its application and redetermination income guidelines to 85% of State Median Income, the maximum allowable under federal regulations, reducing the burden of the cost of child care for more families across the state.

2.3.1 Lead Agency Definition of Priority Groups

Given the expected increased CCDF funding at the federal level, it is critical for the Department and its Division of Early Childhood to be forward-thinking about the inclusion of priority populations that reflect the demographic shifts for children and families 0-5. Over the years, the multilingual learner (MLs) population has increased significantly, with no signs of slowing down given the influx of new arrivals. In 2023, MLs represented 14.6% of the student population, a jump from 11.7% in 2018. The majority of English Learners are concentrated in the early years (birth to third grade). Access to critical early care and education services, like childcare, has life-long benefits for this population.

Recommendation- Add Item C and D as defined priority groups.

- Item C: Families in the process of seeking asylum and refugee legal protection.
- Item D: Multilingual learner (ML) are children with a home language other than English. They are learning multiple languages and require services like Bilingual Education or ESL.

2.3.2 Prioritization of Childcare Services

We, the Village recommends the Department amend how the Department will prioritize childcare services for the following children and families in section 2.3.2 to include:

- Multilingual Learner- Pay higher rate for access to higher quality care.
- Families seeking Asylum and Refugee protections- Waive copayments described in 3.3.1.

These recommendations are consistent with those in the previous section.

2.5.2 Minimum 12-Month Eligibility

We, the Village recommends the Department implement 12-month minimum eligibility when children are newly added to a family already participating in the subsidy program. Extending eligibility beyond 12 months when a new child is added to a family already participating in child care subsidy will eliminate additional bureaucratic barriers and support continuous care for all children. This policy incurs minimal to no costs on the state, as redeterminations for families with multiple children narrowly result in denials for the first child. We urge the Department to strongly reconsider this policy and take the steps necessary to implement.

2.5.3. Job Search and Continued Assistance

We recognize that through June 30, 2024, parents/guardians can request child care assistance for a 3month Initial Activity Search (IAS). IAS is particularly important to families both our recommended priority populations and current priority populations, such as families facing barriers due to immigration status and parents of children with disabilities, who are less likely to have informal child care supports to

help them find work or enroll in school. Further, supporting families who face barriers to finding work and further their education through child care subsidy has the potential to grow the Illinois economy and reduce other state benefits needed to support these families. Lastly and most importantly, continuity of care provides stability for children ultimately supporting the healthy development of children. We strongly encourage the Department to prioritize funding and sustaining IAS in future appropriations activities.

3.3.1 Waiving Family Co-Payment

We, the Village recommends the Department waive co-payments for eligible families with income up to 150 percent for the Federal Poverty Level. Lowering child care costs for families is central to removing barriers and supporting equal access to care. Unaffordable co-payments for families with very low income undermine parental choice. By waiving these co-payments all together, we are decreasing barriers and are supporting families that are most in need of state support to access high-quality child care.

4.2.1 Completion of the Market Rate Survey or ACF Pre-Approved Alternative Methodology

The Department uses the market rate survey, a methodology that sets future maximum payment rates based on past market rates charged, making them unresponsive to market or economic changes. By the final year the Department uses the payment rates, the underlying data could represent the child care market of up to five years prior. The Department should incorporate both a market rate survey and an alternative methodology such as the Narrow Cost Analysis as was done in 2022 - or at the least update the 2022 model every year. While it is noted in section 4.2.2. that the previous narrow cost analysis estimates cost of care for base licensing requirements, the model should go further and estimate the cost of higher-quality care, as was done in the 2021 Funding Commission Report. The Department should model costs that go above and beyond licensing standards and estimate costs associated with services in an adequate system. Reflecting current costs reflects just that, and does not allow the Department to envision a system that is more adequate and equitable for children.

This is a particularly relevant issue now given the updated information on rates in the recently released FY23 Market Rate Survey. See below:

Licensed Child Care Centers

- In FY23, IDHS' subsidy rates fell below the 50th percentile of the market rate in Chicago for all age groups - a stark departure from the FY21 subsidy rates. In FY23, subsidy rates in Chicago fell between 16-18%.
- In FY21, IDHS' subsidy rates in Group II (anything outside of Chicago and the Chicago suburbs) covered between 80-90% of the market. In FY23, subsidies cover between 65% and 76%.
- Licensed Child Care Homes
- There has been a steady decline in the purchasing power of the subsidy across the entire market for family child care homes. In FY23, subsidy rates in Chicago fell between 20-32%.
- In FY21, IDHS' subsidy rates in Group II (anything outside of Chicago and the Chicago suburbs) covered between 91-95% of the market. In FY23, subsidies cover between 43-53% - this is a drastic change for family child care providers. By using a narrow cost analysis in addition to market rates, the Department can better evaluate the gap between costs and payment rates as part of their strategic, long-term approach to setting rates that support equal access across geography, program type, and age group served.

4.3.2 Base Payment Rates

As evidenced by the data presented above, there have been significant decreases in the CCAP subsidy and the purchasing power of the subsidy across the market for both licensed child care centers and homes. We, the Village recommends that the Department pay at least the Federally recommended benchmark of the 75th percentile for base rates. Low rates reduces CCAP family choice and cause many CCAP families to pay additional costs. As evidenced in the FY23 Market Rate Survey:

- For Licensed Child Care Center Providers, roughly 77% of all centers charge a registration/application fee and 27% required an additional deposit
- For Licensed Family Child Care Providers, roughly 23% of all family child care providers charged a registration/application fee and approximately 27% required an additional deposit.
- For Licensed Family Child Care Group Home Providers, over one-quarter (29.7%) charge a registration fee while 33% require a deposit. Charging additional fees is a widespread and common practice across all provider types due to low rates - passing on additional financial burden to families who are already limited in their financial resources.

4.4.1 Prospective and Enrollment-Based Payment Practices

We understand the Department has submitted a 2-year waiver to make the policy change to pay providers prospectively instead of in arrears in accordance to updated CCDF federal regulatory changes. We applaud the Department for taking this step - as it will likely have a massive impact on current providers. Lastly, as noted as one of the barriers to provider participation in the program - retrospective payments was listed. By changing this payment structure, we expect an increase in provider participation rates.

To keep consistency with the updated CCDF federal regulatory changes, the Department should pay providers by authorized enrollment instead of by child's attendance. Providers need predictable, stable, and adequate funding. An analysis of enrollment and payment data performed by Child Care Aware® of America showed a stabilizing effect for reimbursing providers based on enrollment¹. Cost modeling reveals that making the change permanent is viable with additional resources. Predictable and stable funding can increase supply by reducing attrition and attracting new providers to enroll children with subsidies. We urge the Department to make this change.

6.1.1 Strategies to Improve Recruitment, Retention, Compensation, and Well-Being

In this section, the Department notes its work to provide health insurance benefits to home providers within SEIU. We, the Village recommends exploring options to extend this benefit beyond home providers within the union to improve recruitment, retention, and well-being across the child care sector.

Appendix 1: Lead Agency Implementation Plan

Federal CCDF rules require the Lead Agency to submit a plan with action steps, responsible entities, and expected completion date for each area of non-compliance within the plan. This section was not completed in the plan provided for public comment. We, the Village recommends that the Department share its action plans with the field, both to support transparency and to help those impacted prepare for changes <https://info.childcareaware.org/blog/child-care-payments-attendance-vs.-enrollments> to CCDF administration that may occur between now and the next iteration of the plan in 2027.

Conclusion

Thank you for the opportunity to submit public comment on the Draft Illinois Child Care and Development Fund (CCDF) plan FFY 2025-2027. The above recommendations reflect a joint effort among advocates, providers, and organizations working across the early care and education system. We believe that implementation of these recommendations would help to create a more transparent and more equitable system for child care providers and families. We would be happy to discuss these recommendations further, should it be helpful. ###

We, the Village Coalition is a group of advocates, non-profit organizations, child care providers, school districts, parents and others who have come together to fight for the well-being of Illinois' youngest children. We seek adequate, equitable, sustainable, reliable funding for children's services from birth through age five. We want to ensure all children can access quality education and care, as their parents choose. We want resources to be invested in the children and communities that need it most, in order to eliminate racial, socio-economic, and other disparities. We are working together to make sure that ALL families and early childhood providers have the resources they need to help children succeed.

Angela Farwig, VP of Public Policy, Advocacy and Research, Illinois Action for Children

Good afternoon,

Please find attached Illinois Action for Children's comments on the draft Illinois 2025-2027 CCDF plan. Thank you for the opportunity to provide public comment, and please do not hesitate to reach out if you have any questions.

All the best,

Angela Farwig
Vice President, Public Policy, Advocacy & Research
773.564.8723 (office)
312.607.5788 (mobile)

June 14, 2024

Trish Rooney and Michael Garner-Jones
Illinois Department of Human Services
100 South Grand Avenue East
Springfield, IL 62762

Public Comment on Illinois Child Care and Development Fund's State Plan for Federal Fiscal Years 2025 to 2027

Dear Trish Rooney and Michael Garner-Jones,

Thank you for the opportunity to comment on the draft Child Care Development Fund State Plan for FY25-FY27. Illinois Action for Children, together with our statewide membership of 5,000 early childhood professionals, has championed the cause of high quality, affordable, and accessible early care and education for more than 45 years.

This letter outlines Illinois Action for Children's position on the proposed CCDF state plan beginning next fiscal year. While we are encouraged by the Department's proposed improvements to child care services in the plan, we want to bring close attention to our recommendation for the Department to continue the Initial Activity Search (IAS) program. While we understand the ongoing budget pressures as federal funds expire this year, IAFC is concerned that Illinois families who are struggling to secure employment or education while they care for their children shall not be able to access any child care. As we all know, families cannot find a job without child care, and families cannot afford child care without a job. The Initial Activity Search policy addresses this crucial gap in care and we urge the Department to consider making every effort to continue IAS with the goals of ensuring long-term economic security and stability for Illinois families.

Please see below for IAFC's additional comments on the state plan:

Section 1 CCDF Program Administration

1.3.3 Public availability of final Plan, amendments, and waivers

- IAFC recommends the Department provide translation of the state plan into additional languages in addition to providing direct communication about the state plan with the child care workforce. This will allow more access and transparency of the state plan to more diverse groups across Illinois and increased engagement with community members with interest and expertise in the early childhood field.
- IAFC recommends the Department take measures to more effectively engage the State Plan Public Comment process with partners and community members in the early childhood field. While we appreciate the initial notice being posted on the website, social media, and CCR&R's, we believe that more should be done to engage specific groups throughout the process and promote the draft plan to its fullest extent. This includes holding multiple informational sessions throughout the comment period, providing supplemental materials summarizing the state plan draft, and more deeply engaging the Child Care Advisory Council (CCAC) in discussing specific provisions of the draft plan.

Section 2 Child and Family Eligibility and Enrollment and Continuity of Care

2.1.1 Eligibility practices to reduce barriers to enrollment

- Presumptive eligibility- IAFC recommends the Department develop a plan for establishing presumptive eligibility and leveraging eligibility from other public assistance programs to improve services to families enrolling in child care assistance.
- Streamline eligibility – IAFC recommends the Department consider a family's enrollment in other public benefits program or documents or verification used for other benefit programs to verify eligibility for CCDF. We believe that streamlining eligibility for subsidies that have similar requirements and benefits for families should be done in one easy process. Requiring parents to complete multiple applications that require the same documentation can be burdensome and at times prevent parents from applying for the subsidy they desperately need.

2.2.2 Eligibility criteria: reason for care

- IAFC recommends the Department extend eligibility to participants pursuing Masters and Doctorate degrees when identifying diplomas, certificates, degrees, or activities included in the definition of "attending an educational program". We support families pursuing higher education opportunities and often find that this group includes early childhood educators in the process of attaining higher degrees and certification in the field. As such, these families who meet all other eligibility requirements demonstrate considerable need for child care services and should be included under this eligibility criteria.

2.2.4 Initial eligibility: income limits

- IAFC recommends the Department change its application and redetermination income guidelines to 85% of State Median Income to cover more families as federal regulations allow.

2.5.3 Job search and continued assistance

- IAFC strongly recommends the Department continue administration of the Initial Activity Search (IAS) which allows parents/guardians to be initially eligible for child care subsidies for three months while they are searching for an eligible work or education activity. The benefits experienced by families as a result of IAS are clear. Research conducted by IAFC that surveyed a sample of Cook County parents who used IAS found that 76% of surveyed parents secured a job or enrolled in a school or training program because of this policy. IAS provides critical access to child care subsidies as these families work towards more permanent job and educational opportunities—benefits that will usher in long-term economic security and stability for these families. IAS is a critical benefit not only to parents looking for work but for rebuilding the workforce after the pandemic. We urge DHS to prioritize continuing IAS, utilizing any additional state or federal appropriations or funding available.
- Additionally, IAFC recommends the Department provide data on the number of families using IAS since its inception to better determine the feasibility and cost of implementing the policy permanently.
- IAFC also recommends that the Department continue assistance for the full 12 months when a parent has a non-temporary loss of activity. This provides crucial continuity of care for the child.

2.5.2 Minimum 12-month eligibility

- IAFC recommends the Department implement 12-month minimum eligibility when children are newly added to a family already participating in the subsidy program. Extending eligibility beyond 12 months for when a new child is added to a family already participating in child care subsidy means this can eliminate additional bureaucratic barriers and be able to provide continuous care for all children. It is IAFC's position that this policy incurs minimal to no costs on the state, as redeterminations for families with multiple children narrowly result in denials for the first child. IAFC urges the Department to strongly reconsider this policy and take the steps necessary to implement.

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

- IAFC recommends the Department change their application and redetermination income guidelines to 85% of State Median Income to cover more families as federal regulations allow. The draft plan states, "The majority of families...transition out of the program prior to earning an income of 225% FPL." We believe this is because families earning 225% FPL are not able to access the program as applicants – the current State income guidelines as written create a program environment where most families do not earn above 225% of FPL.

Section 3 Child Care Affordability

3.3.1 Waiving family co-payment

- IAFC recommends the Department waive co-payments for two additional populations – eligible families with income up to 150 percent for the Federal Poverty Level and eligible families with a child with a disability as defined at section 98.2. We agree that lowering child care costs for families is central to removing barriers and supporting equal access, and that unaffordable co-payments for families with very low income undermine parental choice in care and the goal of increasing the number and percentage of children in families with low income in high-quality

child care settings. o Unaffordable co-payments for families with very low income undermines parental choice in care. The change to waive co-payments for families at or below 150% would mean that families would be able to save up to \$103 per month/per child that can be used for other needs within their household. Waiving co-pays for families with low income will lower child care costs for these families and supports the goal of increasing equitable access to high-quality child care in our state.

- The change to waive co-payments for families with a child with a disability would significantly relieve the financial burden on the parents/guardians and provide much needed continuous care for children who require comprehensive services. IAFC recently surveyed parents of children with disabilities and child care providers in the Chicago area to capture their experiences in Illinois' child care system in the report series, Child Care for Children with Disabilities, and found that among the parents surveyed, only half of parents were able to find child care for their child with a disability the last time they searched. 88% of parents experienced financial hardship because the lack of child care limited their job opportunities and the number of hours they could work. Our research shows that there is a clear need for additional funding dedicated toward mechanisms to support children with disabilities in early childhood settings and for providers to be properly equipped with the tools and training to better serve children with a range of needs.

Section 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

4.3.2 Base payment rates

- IAFC recommends that the Department pay at least the federal benchmark of the 75th percentile for base rates. The fiscal year 2023 market rate survey report shows that the current CCAP rate covers less than 40% of slots in licensed child care centers and 60% of slots in child care homes. Current rates reduce CCAP family choice and cause many CCAP families to pay additional costs when the State rate does not cover a program's rate.

4.3.3 Tiered rates, differential rates, and add-ons

- IAFC recommends the Department extend the 20% rate add-on for children with a demonstrated disability to all child care providers. Currently, child care facilities that accept Child Care Assistance Program (CCAP) certificates do not receive any rate enhancements. In 2017, the All Families Served and Inclusion Subcommittees of the Early Learning Council provided recommendations for the state to better serve young children with disabilities and their families. The subcommittees advised the Department to provide child care facilities with grants/contracts to: o provide staff with additional training, assistance, and better support staff overall, o facilitate the purchase of special equipment and software, o and incentivize providers to care for children with disabilities.
- IAFC appreciates the Department for establishing the subsidy rate to account for the actual cost of care, even if that amount is greater than the price the provider charges parents who do not receive a subsidy. We support this change and believe it will improve child care access for families in certain communities who cannot afford a higher rate and providers who can use additional funds to help their programs retain and recruit additional staff.

4.4.1 Prospective and enrollment-based payment practices

- IAFC recommends the Department prioritize payment based on enrollment and implement this policy as soon as possible. Providers need stable funding to operate effectively. For far too long, providers have been unsure of their monthly CCAP revenue because with the current payment rule providers subsidy payment fluctuates depending on the attendance of CCAP children. A program that accepts CCAP children should not be penalized for circumstances that they cannot control. Illinois temporarily changed this policy during the COVID-19 pandemic, and it was found to have a great impact on children, families, and providers.
- Additionally, IAFC recommends the Department provide data from the months when enrollment based payment was active in Illinois during the pandemic to better determine the feasibility and cost of implementing the policy permanently.

4.5.1 Child care services available through grants and contracts

- IAFC recommends the Department to offer additional site-administered contracts with the goals of improving streamlined access between providers and families when administering child care subsidies. IAFC finds that site-based contracts are effective in easing the burden for providers and parents/guardians, and ultimately, positively impact the entire early childhood system. Additionally, we urge the State to offer contracts with enhanced rates for programs specializing in care for children with special needs and for children experiencing homelessness.
- IAFC recommends the Department identify the number of slots that are served through grants and contracts to support children with disabilities, infants and toddlers, children in underserved geographic areas, and children needing non-traditional hours care. Clarifying this data in the state plan will help inform targeted strategies to address the gap in slots for each of these groups and provide measurable outcomes for the goal of building a supply of high-quality child care that meets the needs and preferences of parents participating in CCAP.

4.5.4 Strategies to increase the supply and of and improve quality of child care

- IAFC recommends the Department clarify in this section dedicated strategies and action steps to address the gaps of supply and quality of child care services.
- We recommend the Department outline a specific plan to increase infant-toddler slots across the state. In our 2023 Annual Report on Child Care in Cook County, we found that in the last ten years, the number of licensed infant home slots have declined by 31 percent, or 1,845 home slots, while licensed infant center slots increased by 38 percent, or 1,918 center slots. In Raising Illinois' PN3 Policy Agenda, it states that current capacity of licensed child care provides access to only 25% of infants and toddlers across Illinois, with many communities experiencing access rates of less than 10%. Child care providers often find it costly to provide infant care and may limit the number of infant slots they offer, opting to provide slots for older children instead, or charge high prices that put infant care out of reach for many parents.
- We recommend the Department partner with local early childhood collaborations, Birth to Five regional councils, local child care organizations, or networks in underserved geographic regions to develop strategies in increasing child care slots across different care settings.

Section 5 Health and Safety of Child Care Settings

5.2.1 Ratio and group size limits

- IAFC recommends the Department expand the license-exempt (LE) home capacity to more than three children. We believe that expanding allowable capacity permits further flexibility and stability for LE caretakers serving children eligible for CCAP as they provide care for children including their own. Oftentimes, multigenerational households include more than three children served by the eldest caretaker, and the current licensed capacity for LE homes does not consider these broader family arrangements that need just as much if not more support. A capacity of more than three children for LE homes is widely accepted among other states, and we urge the Department to work with the Department of Children and Family Services (DCFS) to make these changes.

Illinois Action for Children appreciates the opportunity to comment on the proposed CCDF State Plan for FY25-27. Thank you for your consideration of the recommendations outlined above as the Department moves forward with the state plan. Please feel free to contact me with any questions at angela.farwig@actforchildren.org.

Sincerely,

Angela Farwig

Vice President of Public Policy, Advocacy, and Research

Illinois Action for Children

Lauri Morrison-Frichtl, Executive Director, Illinois Head Start Assoc.

To Whom it May Concern:

Please find the Illinois Head Start Association's comments on the 2025 - 2027 Illinois CCDF Plan attached. If you have any questions or need a thought partner please feel free to contact me. My contact information is below.

Thank you.
Lauri Morrison-Frichtl

Illinois Department of Human Services
Division of Early Childhood
401 S. Clinton
Chicago, IL 60607

June 14, 2024

Thank you for the opportunity to provide public comment for the Draft Illinois Child Care and Development Fund (CCDF) plan for Fiscal Year 2025-2027. As stated in the CCDF Plan, the “CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents’ care”. Illinois Head Start/Early Head Start Grantee Recipients provide a foundation of support that assists the Illinois Department of Human Services, Division of Early Childhood, with meeting this overarching goal. HS/EHS is a two generational program meaning we serve both the child and the family. By doing so - we are supporting families in achieving stability and self-sufficiency by securing stable housing, education or accessing better career opportunities.

The Illinois Head Start Association worked with the fifty-five Head Start/Early Head Start Grantee Recipients to gather their ideas and recommendations on the Illinois Draft CCDF plan. The Head Start/Early Head Start community would like to make the following recommendations:

Section 2. Child and Family Eligibility and Enrollment and Continuity of Care

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

2.1.1 c. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: “To meet activity requirements, families receiving TANF are eligible for any activity assigned by their TANF worker via the Responsibility and Service Plan (RSP)”. Did you know

that those families receiving TANF are also categorically eligible for Head Start/Early Head Start? The connections between TANF, CCAP and Head Start/Early Head Start could be strengthened.

Recommend: Working closely with the Head Start/Early Head Start community to provide enhanced services for TANF families.

2.2 Eligible Children and Families

Lead Agencies have **broad flexibility** on the work, training, and educational activities required to qualify for child care assistance.

2.2.2 a. Eligibility criteria: reason for care

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

Recommend: ADD vii. Seeking employment or job search.

2.2.2 b. Activities/Job training

Recommend: Add box v, Participation in employment service activities. This supports the goal of reaching those who are underserved or most in need.

2.2.2 f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Recommend: Add children in foster care and children participating in a Lead Agency’s Early Head Start-Child Care Partnerships Program.

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

2.3.1 Lead Agency definition of priority groups

Recommend: Add Head Start and Early Head Start as a priority group.

2.3.2 b. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: Teen parents enrolled full-time in elementary school, high school or high school equivalency classes. This is the perfect place to add Head Start/Early Head Start.

Recommend: Prioritize Early Head Start and Head Start as an identified population.

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 & 2.5.2 Children's development/Minimum 12-month eligibility

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development.

Recommend: Extending the 12-month period to 36 months for Early Head Start and 24 months for Head Start as long as the family remains enrolled.

2.5.3. Job Search and Continued Assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination?

Recommend: Adding job search as an eligible activity.

Section 3. Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development.

3.3.1 Waiving Family Co-Payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

- Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- Families experiencing homelessness.
- Families with children with disabilities.
- Families enrolled in Head Start or Early Head Start.

Recommend: Adding co-payment waivers for Head Start and Early Head Start.

- Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: relatives (other than parents) who receive a child-only TANF benefit for children needing care due to the relatives' employment: families approved for CCAP Protective Child Care services due to experiencing homelessness; youth in care, as defined in Section 4d of the

Children and Family Services Act, who are parents, and, for 12 months after the parenting youth in care's case with the Department of Children and Family Services is closed, any family that receives child care assistance; families receiving Extended Family Support Program services from the Department of Children and Family Services; and families with active CCAP cases in which a parent in the household is called into active military duty.

Section 4. Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents' choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals.

4.3 Tiered rates, differential rates, and add-ons

4.3.3 Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

Recommend: Higher add-ons for providers who enroll children with disabilities. There is a small add-on now (20%) but it should be higher.

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services.

4.4.1 a.

Recommend: DHS should pay in advance per the Funding Commission recommendation.

4.4.1 b

Recommend: DHS should pay by enrollment not attendance.

Section 8. Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

c. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination.

Recommend: Adding the Illinois Head Start Association as we are the voice of Head Start in the state and closer to those providing Head Start/Early Head Start services.

Thank you for the opportunity to submit public comment on the Draft Illinois Child Care and Development Fund (CCDF) plan for Fiscal Year 2025-2027. The above recommendations reflect a joint effort among the Head Start/Early Head Start community. We would be happy to discuss these recommendations and hope you will engage our community in efforts to support children and their families most in need across our state.

Sincerely,

Lauri Morrison-Frichtl
Executive Director

Ilana Dvorin Friedman, PhD, Senior Policy Analyst, Early Childhood, Jewish United Fund

Good afternoon. Attached to this email, please find JUF's public comment on the Draft Illinois CCDF plan for 2025-2027. Thank you for this opportunity. Please reach out with any questions.

Thank you,

Ilana Dvorin Friedman and Amy Zimmerman

Ilana Dvorin Friedman, PhD

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Child Care and Development Fund State Plan FY25-27 Public Comments June 11, 2024

Illinois Department of Human Services
Division of Early Childhood

The Jewish Early Childhood Collaborative at the Jewish United Fund (JUF) is grateful for the opportunity to provide comments on the Child Care and Development Fund (CCDF) State Plan for FY25-FY27.

The Jewish Early Childhood Collaborative is a coalition of early childhood directors, educators, researchers, and community members committed to increasing access to and enrollment in high-quality Jewish early childhood education. Our 37 programs are all nonprofits open to the community, welcoming all families with children 6 weeks to 6 years of age, serving 2,800 children and reaching 600 educators.

At JUF, we are proud of several data-informed initiatives within our Early Childhood Collaborative to meet the evolving developmental needs of young children in our programs. This year we launched inclusion grants for 16 of our Collaborative partners to address reported need for increased trainings, screenings, and consultations with speech and language pathologists and occupational therapists. Thanks to JUF's Mental Health grant, we partnered with Jewish Child and Family Services (JCFS) to bring mental health consultations and training for educators and families to eight of our Collaborative partners.

The drafted 2025-2027 CCDF plan includes noteworthy advancements toward a more equitable early childhood system in Illinois, including a cap on co-payments at 7% for eligible families and the waiving of co-payments for families experiencing homelessness. At the same time, we have the opportunity to create a more equitable and accessible CCAP program, especially for families with infants and toddlers and families with children with disabilities. We appreciate this opportunity to provide feedback and request that the CCDF plan include the recommendations included below.

Families with Infants and Toddlers

Currently, Illinois' licensed child care options only have capacity for 17.4% of children under the age of three (Infant and Toddler Child Care Roadmap, Start Early, 2022). Low compensation is more acute among infant-toddler educators due to the lack of pay parity with their preschool educator counterparts. This makes recruiting and retaining qualified infant-toddler educators more challenging, contributing to the current staffing shortage. With necessary low educator-child ratios, the tuition for infant-toddler care is often hefty, costing families an average of 18% of their annual income on child care (the federal affordability guideline is 7%). Limited slots and the high costs make high-quality, licensed infant and toddler care inaccessible to families and difficult for centers to operate. This leads families to leave the workforce or young children moving through various informal child care arrangements. Research suggests that with accessible and consistent child care subsidies, families are more likely to engage in full-time employment, and children are more likely to attend a single highquality child care facility.

To address the above challenges to infant and toddler care in the state, we recommend that the CCDF plan incorporate the following recommendations:

- Enhance CCAP by providing infant-toddler add-on rates to better support the licensed child care access for children birth to three-years-old. (4.3.3)
- Expand the self-employment category to include parents/guardians who work out of their home. It is unreasonable to require that all parents/guardians who are self-employed pay for office space in order to be CCAP eligible. In fact, many of them work from home and require child care during those hours. (Misc.)
- Expand CCAP eligibility for parents/guardians seeking degrees beyond a bachelor's degree as it may help families move toward higher-paying jobs and the ability to fully pay for child care. (2.2.2)
- Expand CCAP eligibility to include single parents with a disability. In two parent households, if one of the parents has a disability and the other is working, the family is eligible for CCAP. This should be the same in the situation of a single parent with a disability whose children also deserve access to high-quality care and education for their optimal development. (Misc.)
- Institute regionality differences for CCAP eligibility based on cost of living in different parts of the state. The availability of this option is contained in the CCDF template. Given the higher cost of living and higher cost of child care in certain areas of the state this should be an important priority for Illinois. (2.2.3)
- Implement CCAP reimbursements for enrollment (child's slot) and not daily attendance. This change would encourage providers to not choose a private pay child over a CCAP-eligible child. This

would also motivate more providers to offer CCAP as the current attendance-based payment discourages providers worried about the revenue loss. (4.4.1)

Furthermore, we recommend that the state target grants and contracts to stabilize nonprofit, community-based infant-toddler care. Child care centers that play a pivotal communal role are closing or facing tremendous financial burden as more preschoolers leave for free preschool alternatives. Four year-old enrollment brings in revenue that is vital to offset the financial losses of providing reliable, safe, and high-quality infant and toddler care. The increase in free preschool seats, while a positive step toward a more accessible early childhood system, endangers the future of center-based infant and toddler care. The state must put forth a comprehensive birth to five plan to ensure that infant and toddler enrollment does not decrease as free preschool slots increase. Grants can be awarded to licensed infant and toddler care settings, primarily serving this age group which is more expensive to sustain.

In a similar vein, the new Workforce Compensation grants award infant-toddler classrooms more funding than a preschool classroom. And while we commend the Governor and Illinois General Assembly on prioritizing investments to strengthen the early childhood workforce, these new grants, providing infant and toddler classrooms up to \$27,000 a year, are not accessible to nonprofit community-based programs within our Collaborative due to the 15% CCAP (based on licensed capacity) eligibility requirement. Fifteen percent of licensed capacity translates to a much higher number when considering actual enrollment. Programs may be operating below licensed capacity because of their own high-quality standards related to lower ratios and/or due to the staffing shortage, limiting the number of children enrolled.

In light of these challenges, we urge the state to target contracts and grants to better support the private-public partnership with nonprofit community-based organizations in order to sustain highquality infant and toddler care.

Families with Children with Disabilities

High-quality, inclusive early childhood programs should be available to all young children. Yet, families with young children with disabilities continue to face barriers in accessing high-quality programs. According to the Public Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs, nearly 17% of children have a developmental disability but only about 3.7% of infants and toddlers and 4% of preschoolers with disabilities are served under IDEA (U.S. Department of Health and Human Services and U.S. Department of Education, November 2023). The Public Policy Statement calls upon state and local communities to expand inclusive early childhood programs and systems to best support Illinois' children and families.

To address the above concerns, we recommend that the 2025-2027 CCDF plan incorporate the following recommendations:

- Increase funding for grants and contracts to partner with community-based organizations to provide high-quality care for all young children, including infants and toddlers. Inclusive programs must have the resources to support specialized providers, materials and equipment, and the funding to provide early childhood staff training, ongoing instructional support, and wage increases. MIsc.

- Expand and promote the 20% add-on rate beyond for only site-administered contracted providers. Currently, the reach of this add-on opportunity is limited, discouraging programs from building inclusive, high-quality care and education settings. 4.3.2
- Add “children found eligible for Supplemental Security Income (SSI)” to the Lead Agency definition of “children with special needs” priority group. As a critical income support for low-income families, it is a useful tool to reach families of children with disabilities, especially in the early years. 2.3.1a
- Work closely with the Illinois Department of Public Health and early care and education providers to ensure that children with lead exposure are referred to Early Intervention as they are automatically eligible for these critical developmental services and supports. Misc.

We appreciate this opportunity to provide feedback on the CCDF State Plan for FY25-FY27 and look forward to partnering on behalf of Illinois’ young children and their families. Please do not hesitate to reach out with any questions.

Sincerely,

Ilana Dvorin Friedman, PhD
Senior Policy Analyst, Early Childhood
Jewish United Fund
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Amy Zimmerman
Assistant VP, State Government Affairs
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YWCA Metropolitan Chicago

June 13, 2024

YWCA Metropolitan Chicago
1 North LaSalle Suite 1700
Chicago, Illinois 60602

YWCA Metropolitan Chicago Public Comment

The YWCA Metropolitan Chicago would like to thank the Illinois Department of Human Services (IDHS) Division of Early Childhood for the opportunity to provide public comment on the draft Illinois Child Care Development Fund (CCDF) State Plan for FFY 2025-2027. We respectfully submit the following written comment:

2.3 Prioritizing Services for Vulnerable Children and Families

To serve priority populations of those most vulnerable children and families.

- Recommendation category to include children enrolled in Early Head Start and Head Start and asylum seekers. Children served in EHS/HS partnerships asylum seekers should be added to 3.3.1 for co-pay waiver.
- Recommend families categorically eligible for Head Start, Early Head Start, TANF, and SNAP become automatically eligible for CCAP
- Recommendation CCAP continuation for a teen parent becomes over income and should receive no copay while pursuing education or working to provide for their child.

Section 2.5.3 Promoting continuity of care -Initial Activity Search

- Recommendation of initial activity to include those seeking employment (engaging in a job search) as an eligible activity at redetermination. As a recipient of the ECEC enrollment grants, the YWCA witnessed first-hand the increase of CCAP utilization and families securing employment because of the inclusion of job search as an initial qualifying activity.

4.3 Adequate Payment Rates

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates. There is a growing need across the state for special needs and infant and toddlers care.

- Recommendation, the lead agency to add increase in addition to the base rate for those serving special needs and infant/toddlers. Across Illinois families struggle to find quality care for these targeted underserved populations. With the acknowledgement that there is increased cost to serve these children.
- Increase of grants and contract to meet the additional cost for quality care that include adaptive equipment and additional staff
- An inclusion specialist position embedded in the CCR&R contract to support providers serving children with special needs.

4.4 Payment Practices to Providers

4.4.1 Prospective and enrollment-based practices

- Recommendation Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

4.5 Supply Building

4.5.1 through 4.5.5 includes the utilization of grants and a robust use of data to determine the need of building the supply of child care.

- Recommendation to increase supply and build capacity through increased non-reimbursement grants and training.

8.3 Coordination with Child Care Resource and Referral Systems

- Recommendation to establish a contracted position in the CCR&R conduct community systems 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 Lead Agency and local agencies that administer funds made available through CCDF.

9.3 Increasing Engagement and Access to Information

9.3.7 Policies on the prevention of the suspension and expulsion of children

- Recommendation to support Public Act 100-0105; design a data collection program to collect related expulsion and resources used for prevention of expulsion.

Erika Mendez, Director of P-12 Education Policy, Latino Policy Forum

Hello,

Thank you for the opportunity to submit public comment yesterday evening. I've attached the written public comment remarks to this e-mail. Please feel free to reach out with questions.

Thank you for your consideration in advance,

Erika

ERIKA MÉNDEZ, DIRECTOR OF P-12 EDUCATION POLICY AND ADVOCACY

LATINO POLICY FORUM

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Memo: 2025 - 2027 Illinois CCDF Plan Public Comment

To the Division of Early Childhood,

The Latino Policy Forum appreciates the opportunity to submit comment on the draft Illinois Child Care Development Fund (CCDF) State Plan for FFY 2025-2027. My name is Erika Mendez, I am the Director of P-12 Education Policy with the Forum. The Forum is statewide non-profit advocacy organization that seeks to inform, influence, and lead public policy debates across the education continuum, from cradle through college-completion, to ensure Latinos and English Learners have access to education opportunities for success and life-long learning.

The Forum would like to submit three recommended changes outlined below for sections 2.3, 2.5, and 4.4 of the draft state plan. Given the expected increased CCDF funding at the federal level, it is critical for the department and its Division of Early Childhood to be forward-thinking about the inclusion of priority populations that reflect the demographic shifts for children and families 0-5. Over the years, the multilingual learner (MLs) population has increased significantly, with no signs of slowing down given the influx of new arrivals. In 2023, MLs represented 14.6% of the student population, a jump from 11.7% in 2018. The majority of English Learners are concentrated in the early years (birth to third grade). Access to critical early care and education services, like childcare, has life-long benefits for this population. Expertise to build both the home language and English languages during these early developmental years is essential for kindergarten readiness and beyond. The State is at an important inflection point through its early childhood systems work and there is an opportunity to elevate priority populations not previously considered in state policy and procedure. The authorizing language in SB1, creation of a new department of early childhood, includes protections for undocumented children in early education and care programs. With growth of mixed-status families and the influx of newcomer families, it is critical to systemize these priority groups within the ECE new system.

Below are the Forum's comments as it relates to Section 2.3, 2.5, and 4.1 of the draft FFY2025-2027 Plan:

2.3 Prioritizing Services for Vulnerable Children and Families

2.3.1 Lead Agency definition of priority groups

Recommendation- Add Item C and D as defined priority groups.

1. Item C: Families in the process of seeking asylum and refugee legal protection.
2. Item D: A multilingual learner (ML) are children with a home language other than English. They are learning multiple languages and require services like Bilingual Education or ESL.

2.3.2 Prioritization of childcare service

Recommendation: Amend how the Lead Agency will prioritize childcare services for the following children and families in section 2.3.2 to include:

1. Multilingual Learner- Pay higher rate for access to higher quality care.
2. Families seeking Asylum and Refugee protections- Waive co-payments described in 3.3.1.

2.5 Promoting Continuity of Care

2.5.3. Job Search and Continued Assistance

Recommendation: Currently, parents/guardians can request child care assistance for a 3-month Initial Activity Search (IAS) through June 30th. We encourage the Department to reconsider this as part of the eligibility criteria. For many current and prospective CCAP families, the process for status and work authorization can be lengthy. With potential expanded work authorization categories, many newcomer families would benefit from this grace period. Illinois recently passed HJR69 which calls upon President Biden to extend work authorization parameters.

4.4 Payment Practices to Providers

4.4.1 Prospective and Enrollment-Based Payment Practices

Recommendation: To keep consistent with the updated CCDF federal regulatory changes, the Department should pay providers by authorized enrollment instead of by child's attendance. Providers need predictable, stable, and adequate funding. For many providers already enrolling newcomer and multilingual (ML) families, the cost of high-quality care and engagement paired with unpredictability of attendance is stressful and contributes to funding uncertainty. This is a potential deterrent for many providers that want to provide program access to priority populations like newcomers or MLs, but worry about attendance being a barrier for their reimbursement. An analysis of enrollment and payment data performed by Child Care Aware® of America showed a stabilizing effect for reimbursing providers based on enrollment. Cost modeling reveals that making the change permanent is viable with additional

resources. Predictable and stable funding can increase supply by reducing attrition and attracting new providers to enroll children with subsidies. We urge the Department to make this change.

In closing, these recommendations are critically important to including into the proposal Illinois plans to submit for the Child Care Development Fund to ensure access to critical services and supports to both children and adults isn't determined by language or immigration status. This transition period into a Department of Early Childhood can allow new way of thinking about how programs, policies and systems can serve children and families who are newly arrived or who are multilingual. The Forum would be happy to be thought partners and our team can be available for any additional follow-up needed. Thank you for the opportunity to submit public comment.

Best Regards,

Erika Mendez, Director of P-12 Education Policy
Latino Policy Forum
Emendez@latinopolicyforum.org, 773-827-4918

Kristy Doan, Illinois Section 619 Coordinator, ISBE

Please consider the following comment for the CCDF Draft State plan:

2.3.1 (a) Children with special needs: The definition includes children who are eligible for early intervention and 504. Can this be expanded to include children with an IEP?

Kristy Doan

Principal Consultant, Early Childhood Development

Illinois Section 619 Coordinator

Illinois State Board of Education

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524-4835

Elsa Jacobsen, Director of State Government Relations for the Early Care & Education Consortium

To Whom It May Concern,

Attached to this email are the Early Care and Education Consortium's (ECEC) comments regarding Illinois' draft CCDF State Plan. Please don't hesitate to contact me with any questions.

Sincerely,
Elsa Jacobsen

Elsa Jacobsen

Director of State Government Relations for the Early Care & Education Consortium
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June 14, 2024

Dulce Quintero, Secretary
Illinois Department of Human Services
100 South Grand Ave East
Springfield, IL 62704

RE: Illinois' Draft CCDF State Plan

To Whom It May Concern:

On behalf of the Early Care and Education Consortium (ECEC), I am writing to offer comments regarding Illinois' draft CCDF State Plan. ECEC is a national non-profit alliance of multisite, multi-state child care providers, state child care associations, and education service providers. Together, we operate nearly 7,000 programs in 48 states and the District of Columbia, serve over 1 million children, and employ nearly 170,000 early educators and staff. In Illinois specifically, ECEC members operate 345 centers, employing nearly 8,200 educators and staff, with the capacity to serve over 49,500 children.

ECEC members serve as a collective voice for providers of high-quality programs and services that support families and children from diverse cultural, socio-economic, and geographic backgrounds. ECEC providers serve families that participate in the child care subsidy and Head Start Programs, as well as private pay families. In addition, ECEC providers partner with the military, government agencies, and large and small businesses to provide care to service members' and employees' children. Overall, over half of all ECEC providers' centers nationwide serve subsidy children through the Child Care and Development Fund (CCDF).

Our comments were informed by the experiences of ECEC members who participate in Illinois' Child Care Assistance Program (CCAP) and serve private pay families. The comments pertain to specific sections of the draft State Plan, as noted below.

Section 3.2.1

In 2022, the Illinois Department of Human Services (IDHS) lowered co-pays to \$1 for CCAP-eligible families with a parent or guardian working in child care. We applaud IDHS both for initiating and continuing this policy, which helps incentivize individuals to enter and remain in the ECE field. This policy is particularly critical at a time when staffing recruitment and retention challenges are widespread. It is noteworthy that other states are also seeking to address these workforce challenges through similar means. For example, Kentucky and Arkansas make child care workers categorically eligible for child care subsidy. In addition, Arizona, Georgia, Iowa, Massachusetts, Rhode Island, and Washington offer a variety of child care supports to early care and education (ECE) staff, such as prioritization for subsidized child care, expanded eligibility for subsidized care, and waiver of family co-pays.

Section 4.3.3 (c)

We applaud IDHS for adopting a policy codified by the CCDF Final Rule (at § 98.45(g)), which allows Lead Agencies to reimburse child care providers at the Agency's established subsidy payment rate to more closely match the cost of care, even if that amount is greater than the tuition charged to parents who do not receive subsidy. This policy helps ensure that providers are paid a rate that is closer to the true cost of care and also fosters parent choice, increases child care quality, and supports better child care supply.¹

Section 4.4.1

The State Plan in subsection 4.4.1a notes that IDHS does not pay provider types prospectively and will be submitting a two-year waiver request regarding this policy. As required by the CCDF Final Rule, ECEC supports the use of prospective payments, which when administered properly and efficiently, better allow providers to budget for fixed costs and increase child care options for families receiving subsidy. Prospective payments are also important as providers must have the funds up-front to pay their teachers as well as all other expenses that must be paid to deliver a quality child care experience. Further, we recommend that prospective payments be made regularly, such as monthly or bi-monthly. If made quarterly or longer, this could cause accounting issues and create extra administrative burdens on centers when doing true-ups at the end of the payment cycle.

In addition, the State Plan in subsection 4.4.1b notes that IDHS does not pay providers based on enrollment. ECEC urges IDHS to adopt this practice, which is required by the CCDF Final Rule and helps to ensure that providers can cover their fixed costs (staff, facilities, utilities, etc.) despite a child's occasional absence. Daily attendance fluctuates for various reasons, including illness, family emergencies, and planned absences. Whether a child attends on any given day, a center must keep classrooms open and honor financial commitments to dedicated teachers and staff. Enrollment-based reimbursement supports these operational realities.

Ultimately, pairing the enrollment-based payment policy with prospective payments will not only improve stability among child care providers serving children participating in CCAP, but will encourage more providers to participate in the subsidy system, increasing parent choice.

Section 5.3.6

ECEC would like to highlight the importance of the final rule published by the Joint Committee on Administrative Rules (JCAR) in 2023,² which enables an assistant teacher to supervise a classroom for three continuous hours at the opening or closing of the day. This rule also specifies that if an assistant is supervising a classroom that includes children under the age of two, this individual must have at least one year of experience in a licensed setting, as well as safety training.

This staffing flexibility is critical for enabling providers to keep classrooms open and to provide continuous care to families, while ensuring the safety of these learning environments.

Section 5.7

As recently as September 2023, the child care sector nationwide was down nearly 40,000 workers compared with February 2020 levels.³ In this environment, it is particularly important to ensure that an applicant for child care employment can begin work as soon after being hired as possible, and creating background check flexibilities can help address ECE workforce recruitment and staffing issues. For example, IDHS could allow for the portability of current and up-to-date background checks for staff who may work across centers or who may be hired at a new center, but still under the same company's umbrella. Allowing the background check to follow the individual, rather than be tied to any one center, would remove barriers to staffing early childhood programs. Specifically, IDHS could collaborate with the Department of Children & Family Services (DCFS) to establish a portability policy that allows cleared and qualified early educators to more easily work across program locations, promoting greater flexibility for the child care workforce and sustainability for child care operations.

Section 6

ECEC applauds IDHS for providing critical support to ECE providers and staff post pandemic by transitioning Strengthen and Grow Child Care Grants to Smart Start Transition Grants. The Strengthen and Grow grants enabled early care and education providers to sustain their operations during the difficult months of the pandemic (and for multiple months beyond) and to support teachers and staff. Transition Grants have enabled providers, including ECEC members, to continue and expand upon wage increases, bonuses, and professional development for staff, and to cover critical operational costs. We understand that Transition Grants will soon transition to Smart Start Workforce Compensation (SSWG) Contracts, and we have been diligently following the development of this new program. Multiple ECEC members are contributing to the Child Care Contracts Ad Hoc Committee, where plans for the new program are being discussed. We were pleased to see that \$120M for Workforce Compensation Contracts was included in the FY 2025 budget, and ECEC members want very much to participate in this innovative program that is designed to offer child care programs stable, ongoing funds to invest in ECE professionals and to cover operational costs. We appreciate that SSWG was designed to reach all ECE professionals, recognizing the critical role of all center staff in delivering high-quality programming. It is also important to note that programs operated by many child care providers – including ECEC members – serve CCAP and non-CCAP families alike. The enrollment makeup of these programs is varied. Some programs serve a significant number of children through CCAP, while others may be all or partly private pay. It is important that Workforce Compensation Contracts consider these variations among providers and the enrollment balance that each provider maintains.

Additional Comments

ECEC applauds Governor Pritzker and the Illinois General Assembly for including \$14M in the FY 25 budget for Illinois' new Department of Early Childhood. This new Department will house all early childhood programs and funding and will enable families to more easily connect with ECE programs and providers in order to access essential services. In addition, the new state agency will provide a more coordinated and equitable system of services for young children, families, and ECE providers throughout Illinois. As the new Department is created, ECEC members would like to provide recommendations based on their experience of delivering developmentally appropriate ECE programming and knowledge of working with Illinois' ECE programs and on their frequent contacts with staff at the Illinois State Board of Education, IDHS and DCFS.

ECEC appreciates the opportunity to comment on this important State Plan and looks forward to working with IDHS to increase access to affordable high-quality care for all families and to support the early care and education workforce.

Sincerely,

Elsa Jacobsen

Director, State Government Relations

Early Care and Education Consortium

CC: Bethany Patten, Director, Division of Early Childhood, Illinois Department of Human Services

Mandy Bernard, Executive Director of Community Services, Spero Family Services

Mandy Bernard

mandy.bernard@sperofs.org 5-14-2024:

4.3.3 Tiered rates, differential rates, add-ons

c) We support and applaud the "no" response to this question. We have been struggling for years in a rural community with a center whose private pay and CCAP split is about 50/50. The private pay families we serve are just above the CCAP threshold and we are aware of their struggle to keep up with childcare costs. This would allow us to have more financial sustainability without overburdening our private pay families.

4.4.1 Prospective and enrollment-based payment practices

b) Payments based on enrollment would greatly promote the stability of our child care program. We desperately need Illinois to act sooner than later on this rule and not utilize the 2 year waiver. We do not allow private pay families to pay a "part day" rate. They must pay the full day whether they come or not and regardless of how many hours the child attends. This is due to staffing and the need to retain full time qualified staff at the center. Yet CCAP still pays a reduced rate for those who attend "part day." We have estimated that just this, just children whose families do not attend "full days," will cost our center well over \$50,000 this fiscal year. As a faith-based non profit, it is a financial burden we cannot afford. Many of these "part day" children have been with our center since they were 6 weeks old and are transitioning into half day or full day pre k programs. The last thing we want to do is leave these parents with no option for care when they have been with us for so long and are so close to transitioning to Kindergarten.

Thank you for the opportunity to provide feedback.

Respectfully,

Mandy

Mandy Bernard, MA (She/Her/Hers)
Executive Director of Community Services
Spero Family Services
c: 618-316-3759
www.sperofs.org

Gwyndolyn Moss, Executive Director, Illinois After School Network

Hello,

As the Representative of Illinois AfterSchool Network and the afterschool field, I have reviewed the document. Linked [here](#) is the document I have made questions/comments in for feedback. The **big concern** for me and the after school field in Illinois is regarding the lack of wage increases being extended into the after school space and the staffing there. The wage increases are currently only being offered and honored in the early education field for the child care centers. In the plan it is left vague and when checking with people in the field (CCR&R staff) the after school staff are not part of the increases and they are being left behind for living or thriving wages. Some after school programs are closing as a result of no financial backing or vision on how to increase the funding in the field.

Additionally, having teen programs added in the future so there is a pipeline and career for caring for minors across the state.

I do plan on being in next week's meeting to hear others feedback.

With gratitude,
Gwyndolyn Moss, MAE
(she/her/hers)
Executive Director
Cell: 773.316.6919
Illinois AfterSchool Network (IAN)
2201 Toronto Road, #219 Springfield, Illinois 62712

Thank you for your guidance. Below are my comments and feedback as Illinois AfterSchool Network:

Page 50, 4.3.3

Depending on licensing, the site receives more money for caring for children with a demonstrated disability- How does the disability be demonstrated? How long is the process?

Page 67, 5.2.2

This is prior to starting in the classroom? Or is there a way to work with staff that are in the process of the listed options? Is this for all workers in a space or just a lead teacher/instructor?

Page 228, 6.1.1

This is helpful and are there further measures to take, outline, explore for assisting in stabilizing the workforce turn over seen across the state? Discussing higher wages and stipends for levels of training earned for staff to ensure they see a future in the field and a career.

When applying for these grants to help wage increases, how many organizations are left behind? Is there support for the application process to help assist programs to access this grant? What about the floaters used in child care and after school settings as they are there to fill in but not in a designated room?

Page 233, 6.2.3

Are there ways in which to reach more centers and notify where the funding is available and how to have more individuals access this?

Page 233, 6.2.3

Any outline of what the wage raise would be? Assuming this would cover after school youth and but are there considerations for 13 and higher or just up to 12 years old?

How do we include the school age classrooms in these wage increases referenced? It is not currently set up for after school let alone teens. THIS IS A BIG CONCERN THAT SCHOOL AGE IS NOT INCLUDED BUT IT IS NOT SPECIFIED IN THIS SECTION. WITHOUT SCHOOL AGE STAFF RECEIVING THE INCREASES AS WELL, SITES AND PROGRAMS WILL BE FORCED TO SHUT DOWN AS THE WORKFORCE IS NOT BEING COMPENSATED AT THE SAME RATES AS THE YOUNGER AGED PROGRAMS. ARE THERE PLANS TO START INCLUDING THE PROGRAMS SERVING 12-18 YEAR OLDS? WHAT ABOUT THE AGES FOR INDIVIDUALS WITH DISABILITIES AND THEIR SPECIALIZED NEEDS WITH ADDITIONAL STAFFING? WHAT ABOUT FLOATING TEACHERS NOT ASSIGNED TO CLASSROOMS BUT FILLING IN WHERE NEEDED WITH STAFF OUT FOR SICK, PTO OR VACATION?

Page 241, 7.1.1

"Place marker for updated salary and market rate survey"----Any news on when this information will be available?

With gratitude,

Gwyndolyn Moss, MAE

(she/her/hers)

Executive Director

Cell: 773.316.6919

Illinois AfterSchool Network (IAN)

2201 Toronto Road, #219 Springfield, Illinois 62712

Brian Holcombe, MPA, Government Relations Representative – Midwest

Good afternoon,

Please see the attached public comment letter from KinderCare on the Illinois CCDF FY 25-27 Plan.

Happy to answer any questions.

Best,

Brian A. Holcombe, MPA
Government Relations Representative - Midwest cell:
765-242-6618
brian.holcombe@kindercare.com

June 14, 2024

Dulce Quintero,
Secretary
Illinois Department of Human Services
100 South Grand Ave East
Springfield, IL 62704

Re: IL Child Care Development Fund (CCDF) 2025-2027 – Open Comment Period

Dear Secretary Quintero,

On behalf of KinderCare Learning Companies (KinderCare), thank you for the opportunity to provide written comments on the state's draft CCDF Plan for 2025-2027. KinderCare proudly serves nearly 16,400 children at our 113 high quality early learning centers and 49 before/after school sites across Illinois. We are committed to serving all children regardless of background and financial circumstance, and we are proud of the diverse group of children we serve. Approximately 50% of the children we serve in Illinois receive assistance through the Child Care Assistance Program (CCAP).

We would like to extend our gratitude to the Department of Human Services (DHS) for its leadership in numerous policy areas outlined in the State Plan. In particular, we commend DHS for establishing categorical eligibility for early childhood education (ECE) professionals and for its ongoing investment in this vital field. We would like to further commend Illinois for taking steps to allow agencies to collect the full CCAP rate set by the state, regardless of whether a family participates in the program. Illinois also continues to lead the child care industry by adopting a provisional background check policy, enabling ECE employees to start working in a center under supervision while awaiting either an FBI or ISP background check. Furthermore, as the state moves to a new department that will house all ECE programs this will ease communications between providers, families, and state government.

Our recommendations for the State Plan below stem from our extensive operations throughout Illinois, our service of nearly 8,200 children through the CCAP, and our experience of working across 40 states, and D.C., and seeing innovative approaches to meet the incredible child care needs of families. Please consider KinderCare a partner in delivering high-quality early learning and school-age programming for children across Illinois.

Health and Safety of Child Care Settings

5.7.12. As the industry strives to restore the workforce to pre-COVID levels, centers across the state are still facing significant staff shortages. The State Plan addresses this issue by providing flexibility through the portability of current and up-to-date background checks. This allows staff to move between centers or be hired at new centers under the same company's umbrella without the need for repeated checks. By linking background checks to individuals rather than specific centers, the plan aims to eliminate barriers to staffing early childhood education programs, a critical challenge for the industry.

Recommendation: Collaborate with Department of Children and Family Service to establish a background check portability policy allowing cleared and qualified ECE educators to more easily work across program locations to promote flexibility on a day-to-day basis to avoid classroom closures.

Payment Rates and Payment Practices

4.3.3. (c). We applaud the State of Illinois in transitioning to align with the recently updated CCDF regulation and codify and existing policy (§ 98.45(g)) that allows Lead Agencies to reimburse child care providers at the Agency's established subsidy payment rate to more closely match the cost of care, even if that amount is greater than the tuition charged to parents who do not receive subsidy. Previously, this language was not included in the regulation, which, according to the Administration for Children and Families (ACF), "led to misunderstanding in the field and led some Lead Agencies to prohibit paying child care providers the full established payment rate." The ACF continues by stating that "paying all CCDF providers at the Lead Agency-established rate is a key payment practice that reflects the actual cost of child care, fosters parent choice, increases child care quality, and supports better child care supply."

4.4.1. KinderCare understands how a change in the CCAP payment process puts pressure on the current payment infrastructure. However, providers and families will benefit from financial systems promoting stability, including prospective and enrollment-based payments. Like families paying private tuition, the state should encourage paying for children served through subsidy before the services are rendered to support center operations and employees. Prospective payments will alleviate the burden on providers and further support the enrollment of subsidy children across all centers.

Recommendation: We support prospective payments in conjunction with enrollment-based payment practices but caution that the payments should be made regularly, such as monthly or bi-monthly. If done quarterly or longer, this could present accounting issues and extra administrative burdens on centers when doing true-ups at the end of the payment cycle. While we support states implementing prospective payments, we caution on the systems and timelines to avoid more work being placed on providers.

Supporting a Quality Workforce

6.1 KinderCare applauds the tremendous support from IDHS and the State of Illinois through programs such as the Child Care Restoration Grants, Strengthen and Grow Child Care Grants, and the Smart Start program. The Transition Grants provided essential support during the pandemic, and the Workforce Grant now offers critical wage investments. We are pleased to see the passage of a \$120 million appropriation for this grant program through the budget process and look forward to collaborating with IDHS as the program continues to develop. With the goal to provide a wage floor to our teachers, this grant is a massive step in the right direction, with the understanding that contracts should provide sufficient funding to stabilize private tuition while ensuring raises for all center staff.

6.2 Through the ExceleRate Illinois program, KinderCare is dedicated to building our workforce and developing our teachers to the highest quality. However, across the state, centers are struggling to balance wages with the available courses for a Professional Development (PD) plan, which is affecting their program levels when that balance cannot be met. Despite our commitment to providing top-tier education, some centers are being downgraded after not being able to find that balance. We request that IDHS provide flexibility at the highest level of ExceleRate, allowing teachers who have completed the highest level of courses to have a flexible development plan. This would prevent centers from being penalized for their efforts to enhance teacher qualifications to the highest level.

KinderCare appreciates the opportunity to comment on this important State Plan. We look forward to working in partnership with DHS to increase access to affordable high-quality child care for families across Illinois while supporting the early childhood workforce. Should you have any questions, please do not hesitate to contact me at: brian.holcombe@kindercare.com.

Sincerely,

Brian A. Holcombe, MPA
Government Relations Representative
KinderCare Learning Companies

Christy Filby, Director of Public Policy and Statewide Initiatives, Illinois State Alliance of YMCAs

Thursday, May 30, 2024

Good morning –

I met with Marcy Mendenhall this morning to discuss the CCDF draft and she encouraged me to reach out with some of my questions. I work for the Illinois State Alliance of YMCAs and Ys across the state served 45,000 youth in child care programs in 2023 – with the majority of them being in out of school time programs. Most YMCAs are licensed exempt (under the ‘j’ exemption) and receive CCAP funding for before/afterschool, non-school days and summer programs.

My questions begin on page 81 of the draft plan where Licensed Exempt centers are being discussed.

- On that page, there are ‘new’ standards relating to staff needing physical exams every 2 years, as well as children. Is this for EC centers or educational centers that are LE – such as Montessori schools, or is this meant for School age LE as well? If so, this is a new policy with a large cost to providers. Especially OST programs that have many part-time staff, especially during the summer.
- Then there are a lot of policies where the policy is stated in number ‘iv’ and then in ‘vii’ states “all eligible out of school providers must observe ‘iv’”. This is concerning as:
- P. 93 & 146 addresses Shaken Baby – but this is not applicable to school age programs
- P. 95-101 – addresses having plans from a doctor on hand for children with allergies, medication administration, etc. This is important, but not currently something we are required to collect (although many if not all do require medication consent, etc.)
- P. 133-186 – address environmental concerns, traffic concerns, hazardous materials, etc. These are ALL important items and agree they should be listed in polices. However – most of this is an expansion over our current License exemption to receive CCAP funding.

My overall question is – are these new policies that school age LE sites will now need to follow to receive CCAP funding? Additionally – why is ‘shaken baby’ included in this section for school age programs when it does not apply?

Thank you for any clarification you can provide. I am trying to be clear, so I know what to communicate to my YMCAs – as well as to the statewide partner organizations we collaborate with to provide a network of care to school age youth through a variety of OST programs.

Christy
Christy Filby
Director of Public Policy & Statewide Initiatives
Illinois State Alliance of YMCAs 192 37th Ave.
East Moline, IL 61244 309-798-3423
www.illinoisymcas.org

Emma Spencer, ACT Now

Tuesday, 6/4/2024

Good Afternoon,

On behalf of Afterschool for Children and Teens Now Coalition (ACT Now) and youth development programs throughout the state of Illinois, I would like to express our gratitude for the state's focus on developing a strong plan to serve children and working families. We recognize the importance of investing in the child care field to ensure greater access to and quality of Illinois's programs.

We are also appreciative of the opportunity to provide comments for the 2025-2027 CCDF State Plan. Attached, you will find our document with recommendations for supporting the expansion of highquality care for children and families. We are honored to be part of this collaborative effort.

Should you have questions or need additional information, please do not hesitate to contact Susan Stanton, Network Lead at ACT Now, at stantons@actnowillinois.org.

Best,
Emma

Emma Giamberdino (*formerly Spencer*) she/her/hers
Policy and Communications Manager
Afterschool for Children and Teens Now (ACT Now) Coalition www.actnowillinois.org
312-877-0726
101 North Wacker, 17th Floor
Chicago, IL 60606

Susan Stanton, Network Lead, ACT Now

June 4, 2024

Trish Rooney, Associate Director of Child Care Programs
Division of Early Childhood
Illinois Department of Human Services

Sent via email patricia.rooney@illinois.gov

RE: 2025-2027 CCDF State Plan Recommendations

Dear Associate Director Rooney:

On behalf of Afterschool for Children and Teens Now Coalition (ACT Now) and youth development programs throughout the state of Illinois, I would like to express our gratitude for your leadership in developing a strong plan to serve children and working families. We recognize the importance of investing in the child care field to ensure greater access to and quality of Illinois's programs. However, as children grow up, their child care providers also need different supports in order to facilitate developmentally appropriate services. Given the large number of school-age children served by the Child Care Development Fund (CCDF) funds in Illinois, we request that the Illinois Department of Human Services provide differentiated supports to school-age providers to not only support the workforce but expand availability of high-quality care for more youth and families. Further, these services are particularly important as research shows that high-quality afterschool and summer programs improve student outcomes in academics, attendance, behavior, sense of belonging, and wellness.

ACT Now is a diverse statewide afterschool network that advocates for affordable and quality afterschool programs for Illinois' youth. ACT Now is also the statewide afterschool network as referenced in the CCDF preprint.¹ ACT Now works with partner organizations to support child care providers, and focuses on providing supports to school-age and license-exempt school-age child care programs that receive CCDF dollars. Specifically, ACT Now provides professional development opportunities for school-age child care providers and license-exempt programs, all of which are available on our online learning system ACT Now Afterschool Center for Learning (ANCAL). ACT Now also collects data on the number of school-age programs, cost of care, and location through our Map and Database. We also developed the Illinois Afterschool Quality Standards (Quality Standards) used by afterschool, summer, and school-age child care providers to continuously improve their offerings and ensure safe and healthy learning environments for children. These Quality Standards are required for Teen REACH providers and Reimagine Public Safety Act (RPSA) Youth Development grantees, indicating a historical and successful model for support. Ultimately, we believe our work may help support your overall goals in several areas including the Market Rate Survey (MRS), supporting a qualified workforce, quality improvements, and licensing.

Nationally for every one child in an afterschool or summer program, three more are waiting for an accessible affordable program in their area. In Illinois that number grows to four children who are waiting for a spot in an out-of-school time (OST) program.² ACT Now maps and identifies programs serving youth

before school and over the summer and supports them with quality programming. An average of 32,666 school-age youth in Illinois are served in this system each month.³ This is an increase of almost 13,000 children since 2020. These children participate in a range of school-age programs before and after school, during summers, and during school breaks. Roughly, 40 percent of school-age youth attend child care centers, while 50 percent are served in family child care settings.⁴ It is evident that school-age programs are a critical need for families in our state whose workday does not end at two in the afternoon or take a break over the summer. Supporting more school-age providers with knowledge of how to navigate the complexities of the license and license-exempt systems and understanding their perspectives of the process may help to close gaps in access to care for families.

We therefore ask the state to add the following to sections:

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

6.1.1 b Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends:

The Lead Agency will work with ACT Now (the statewide afterschool network), and other partners to include license-exempt school-age providers as eligible recipients of the state's investments in the child care system, similar to how they were included in the second round of funding for the Child Care Restoration Grants (CCRG). We are grateful for this inclusion and see this as an opportunity to sustain the continuum of care. We request a pathway for license-exempt school-age providers to access Strengthen and Grow Child Care Grants, Smart Start Transition Grants, and the Smart State Workforce Grant program. However, generally, the current exclusion from receiving funds to invest in recruitment, training, and sustaining a quality workforce means that school-age programs are more likely to close than their early childhood counterparts even if 51 percent of programs statewide serve school-age youth.⁵

7 Quality Improvement Activities

7.2.1 vi Use of Quality Set-Aside Funds: Facilitating compliance with Lead Agency Child care licensing, monitoring, inspection and health and safety standards.

The Lead Agency will work with ACT Now (the statewide afterschool network), and other partners to support school-age programs in understanding the licensing and license exemption process. This will help to lessen gaps in access for families in our state by engaging more providers in offering affordable high-quality care where working parents need it. The state will also work with the school-age network, affiliate, and other partners to evaluate any barriers to subsidy participation identified through the licensing and exemption work specific to health and safety of and developmentally appropriate practices for school-age settings.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

8.1 Collaborating with the Statewide Afterschool Network

The Lead Agency will collaborate with ACT Now (the statewide afterschool network), and other partners to refine the school-age criteria as aligned with the Illinois Quality Standards (referenced in Sec. 6.2.2.vi). In addition, ACT Now will continue to provide training and/or professional development and quality support for school-age programs on topics related to the Illinois Quality Standards. More generally, we ask the Lead Agency to clarify data gathered as part of the Market Rate Survey (MRS) and to include a link to the MRS for license-exempt providers as data is only available for licensed programs (Sec. 4.2.2). Further, license-exempt and school-age providers were not represented in the MRS but their rates were included in the Appendix. We ask for clarification on how these rates were established and how they reflect the current operating costs associated with providing care for schoolage children.

Finally, ACT Now and our partners identified changes in the plan related to safety and health requirements for school-age provider staff (e.g. Physical exam required for license-exempt and potentially school-age staff (Sec. 5.3.3.a.iv) immunization records for each individual child (Sec. 5.3.3.a.iv), parental consent for medication administration for license-exempt providers and out-of-school time programs (Sec. 5.3.5.a.iv), etc.) that were not included in the previous CCDF plan. We hope that there may be further clarification on what requirements license-exempt school-age programs (which include “out-of-school time” programs) must abide by, as differentiated by age and developmental appropriateness, will also be part of the completed CCDF Plan for Illinois.

We are encouraged to see that effective July 1, 2024, the state will be paying for registration fees for both licensed and license-exempt providers (Sec. 4.4.2 b) and the investments into the child care workforce in Illinois. We remain committed to supporting the expansion of high-quality care for thousands of children and families and are honored to be part of this collaborative effort.

Should you have questions or need additional information, please do not hesitate to contact Susan Stanton, Network Lead at ACT Now, at stantons@actnowillinois.org.

Sincerely,

Susan Stanton
Network Lead
ACT Now