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Child Care and Development Fund (CCDF) Plan
for
State/Territory Illinois

FFY 2025 – 2027

Version: Amendment 2

Plan Status: Approved as of 2026-07-01 16:35:17 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

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.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Illinois Department of Early Childhood**

   ii. Street Address: **115 S. LaSalle St., Suite 2240**

   iii. City: **Chicago**

   iv. State: **Illinois**

   v. ZIP Code: **60601**

   vi. Web Address for Lead Agency: **https://idec.illinois.gov**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Teresa**

   ii. Lead Agency Official Last Name: **Ramos**

   iii. Title: **Secretary**

   iv. Phone Number: **773-720-8274**

   v. Email Address: **teresa.ramos@illinois.gov**

1.1.2 CCDF Administrator

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

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Maya**

ii. CCDF Administrator Last Name: **Portillo**

iii. Title of the CCDF Administrator: **Project Director, Funding Design**

iv. Phone Number: **773-919-4977**

v. Email Address: **maya.portillo@illinois.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Michael**

ii. CCDF Co-Administrator Last Name: **Garner-Jones**

iii. Title of the CCDF Co-Administrator: **Bureau Chief, Subsidy Management**

iv. Phone Number: **312-848-6365**

v. Email Address: **Michael.Garner-Jones@illinois.gov**

vi. Description of the Role of the Co-Administrator: **The CCDF Co-Administrator plays a key role in overseeing Illinois' initiatives and strategies related to the CCDF grant. Working in tandem with the Administrator, they facilitate collaboration and coordination across agencies to ensure the effective execution of all CCDF activities.**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

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

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

1.2.2 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[ ]	[ ]	[x]	[x]	[x] Describe: Contracted Site Administered child care providers determine eligibility for families using their care. The City of Chicago holds one of these Site Administered contracts and sub-contracts with 20 child care centers and home networks located in Chicago for CCAP services.
Who assists parents in locating child care (consumer education)?	[ ]	[ ]	[ ]	[x]	[ ] Describe:
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[ ]	[ ]	[ ]	[x]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[x]	[ ] Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **The Child Care Resource & Referral (CCR&R) Agencies are contracted to provide the following services: 1) Administration of the Child Care Assistance Program (CCAP) including but not limited to eligibility determination (initial and redeterminations), updates due to reported case or provider changes, pre-payment entry, and communication with clients and providers in their Service Delivery Areas(SDAs); 2) Assemble and maintain a child care provider database; 3) Provide consumer education and child care referrals to parents/guardians; 4) provide training and technical assistance to child care providers; 5) conduct recruitment and retention activities for child care providers and 6) data collection and analysis on child care supply and demand. The contract includes deliverables, performance standards and performance measures. There are contracts with licensed child care centers located throughout the state known as Site Administered Child Care Providers (Sites) who also perform CCAP eligibility determinations and case management for families attending their centers. The City of Chicago Department of Family Support Services (FSS) hold one of those Site contracts and sub-contracts with 20 child care centers and home networks in Chicago to provide CCAP eligibility determination and case management. Sites are contracted to provide the following services: Complete all orientation, annual or ongoing CCAP required child health, safety, and development training requirements in a timely fashion. Please note, for the CCAP Program, all directors and teachers at the centers MUST be registered in the Gateways to Opportunity Registry. Provide child care services at daily/weekly times that are consistent with the parental/child need. Recruit CCAP eligible families and children to their child care service. Determine and redetermine client CCAP eligibility. Charge IDEC (the Department) up to the maximum daily rate based on geographic area the provider is in and age of child served. Provide services that are developmentally appropriate, culturally sensitive, linguistically appropriate, and consistent with individual child needs. Seek parents' involvement in decisions affecting their children's care. Starting July 1, 2026, maintain licensed status with the Department of Early Childhood (IDEC), meeting license standards during the entire contract period. Refer parents to community agencies, as needed or as requested on the CCAP application/redetermination. These would include, but are not limited to, mental health agencies, health and medical agencies, social service agencies, local school districts, homeless service providers and early intervention agencies, e.g., Child and Family Connections (CFCs), local homeless shelters, IDHS FCRC office, etc. Site contracts with Home Child Care Networks (HCCN) are required to provide at least these additional services to the licensed home providers in their network: Training and Professional Development aligned with licensing standards and ExceleRate Illinois (QRIS). Professional development aligned with credential/degree programs. Monthly home visits to affiliated child care providers for support and resources. On-site coaching based on professional goals and quality standards. Facilitate access to comprehensive services health, early intervention, home visiting, etc. for children and families. Support for continuous quality improvement: formal assessment tools, licensure pursuit, accreditation (fees), course**

scholarships (fees) for CDA, AA, BA pursuit. Peer networking opportunities. Warm line for providers' questions and support, especially those requiring immediate attention. Training on business practices. Promote collaboration with Early Head Start/Head Start and Pre-K programs. Facilitate access to the Child and Adult Care Food Program (CACFP)

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: CCR&Rs and Sites are required to complete functions within certain timeframes per contract. Requirements vary depending on the activity to be completed. Sites and CCR&Rs must enter all CCAP application and redetermination information into the lead agency's Child Care management System (CCMS) within 10 working days from receipt, and must issue an eligibility approval or denial within 30 working days. Training completion, community based participation, and referrals to parents have varied timeframes for completion. All activity must be entered in the Data Tracking Program by the CCR&R no later than 10 business days after the end of the quarter.

[ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: The CCR&Rs are required to submit an annual budget and program plan; quarterly program and fiscal reports; monthly expenditure reports and are monitored by the Lead Agency once every three years. Site budgets are submitted and reviewed according to GATA guidelines for all contracted agencies.
Grantees of the Lead Agency receive Fiscal Administrative Reviews. These are conducted to review fiscal and administrative policies, procedures, and records of the grantees that receive funds from the Lead Agency. Included in the Fiscal Administrative Reviews are management oversight, control areas, as well as certain provisions of the Uniform Grant Agreement and the 2 CFR 200 related regulations."

[ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

[x] Yes. If yes, describe: The Lead Agency reviews quarterly program data to ensure deliverables are being met. Grantees of the Lead Agency receive Fiscal Administrative Reviews. These are conducted to review fiscal and administrative policies, procedures, and records of the grantees that receive funds from the Lead Agency. Included in the Fiscal Administrative Reviews are management oversight, control areas, as well as certain provisions of the Uniform Grant Agreement and the 2 CFR 200 related regulations. Monitoring is conducted on all Site contractors through on-site visits and through the on-going quarterly reports mentioned above. Visits include entry and exit interviews with the contractor's management and a review of a statically significant sampling of CCAP cases to determine case action accuracy as well as other contract required activities

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. N/A

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The draft Plan was presented to the Early Learning Council, a public-private partnership created by Public Act 93-380 and to the Child Care Advisory**

Council, both of which include representatives of local government. Input was reviewed and incorporated as appropriate. Each of these advisory bodies includes representatives from state and local agencies focusing on education, public health, child welfare, etc. Specific examples include but are not limited to: Head Start agencies, Chicago Public Schools, Chicago Department of Family and Support Services, the Illinois State Board of Education (including the McKinney-Vento representative), the Illinois Division of Specialized Care for Children (state's Title V of the Social Security Act agency), Regional Offices of Education, and county and local public health department. We will expand membership into our Child Care Advisory Council in January 2025 to include general purpose local government officials to ensure that we are inclusive of all sectors of government and stakeholders provide feedback and guidance in developing the IL State Plan.

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The draft Plan was presented to the Early Learning Council (ELC), Illinois' State Advisory Council, prior to final submission. Input was reviewed and incorporated as appropriate. The ELC meets quarterly with a hybrid of in-person and virtual meetings. 4 individual committees meet independently between quarterly meetings.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **N/A**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The draft Plan was presented to the Child Care Advisory Council (CCAC) (which includes members from Head Start Association, Higher Education, Child Care Centers, and home-based providers) prior to final submission. Input was reviewed and incorporated as appropriate. The CCAC meets quarterly via Zoom virtual meetings. 4 individual committees meet independently between quarterly meetings.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

i. Date of the public hearing: **6/4/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/13/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The public was notified through a variety of channels, including posting to the IDHS, former lead agency, website and designated child care social media channels. In addition, notification was sent to a broad list of Illinois child care advocate organizations, and an eblast that included the notice was distributed directly to just over 10,000 providers across Illinois. The link to the notification on the lead agency website can be found here - https://www.dhs.state.il.us/page.aspx?item=163815 The hearing was hosted virtually as to eliminate any geographical barriers to participation. The meeting platform translated the presentation and public comments into a variety of languages, and the agency website provided translation of the notice as well.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public was notified through a variety of channels, including posting to the lead agency website and designated child care social media channels. In addition, notification was sent to a broad list of Illinois child care advocate organizations, and an eblast that included the notice was distributed directly to just over 10,000 providers across Illinois. The link to the notification on the lead agency website can be found here - https://www.dhs.state.il.us/page.aspx?item=163815 The hearing was hosted virtually as to eliminate any geographical barriers to participation. The meeting platform translated the presentation and public comments into a variety of languages, and the agency website provided translation of the notice as well.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **Notification that the plan was published on the IDHS, former lead agency website accompanied the invitation for public hearing and comment, ensuring all interested parties across Illinois were aware of not only the public hearing, but also the publication of the draft plan and opportunity for public comment.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **All public questions and comments were captured into a single document on an ongoing basis as they were submitted. These comments were reviewed, discussed and digested by the lead agency child care program team as they continued to develop required clarifications, revisions and changes to the final plan.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://www.dhs.state.il.us/page.aspx?item=59282**

b. Describe any other strategies that the Lead Agency uses to make submitted and approved

CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.

i. **[x]** Working with advisory committees. Describe: **The final pre-print was shared with the Child Care Advisory Council (CCAC) and the Early Learning Council for input and consideration for future recommendations prior to the public comment period. A draft of the State Plan draft was then distributed to CCAC members in advance of the public comment period.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **Child Care Resource and Referral agencies are notified when State Plan amendments and revisions are made to post the announcement in bulletin board located at their agency's lobby.**

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **An announcement with a link to access the state plan and amendments are posted in the State Agency and Child Care Facebook page.**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The draft plan was made available on the IDHS, former Lead Agency's website prior to Public Hearing.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The ACT Now (Afterschool for Children and Teens) were active participants in the public hearing and submitted several recommendations as part of the public comment period. The Illinois After School Network (IAN) is represented on the Child Care Advisory Council and Early Learning Council, which reviewed the plan and provided comment to IDHS, the former lead agency.**

vii. **[x]** Direct communication with the child care workforce. Describe: **In addition to provider participation on the Child Care Advisory Council and the Early Learnng Council, where the plan was discussed, special public hearing was held with and licensed and license-exempt home child care providers during the public comment period.**

viii. **[ ]** Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

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.

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

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. **[ ]** Leveraging eligibility from other public assistance programs. Describe:

iii. **[x]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Child Care Assistance Program applications include all children in the same household and are included in the eligibility determination process.**

iv. **[x]** Self-assessment screening tools for families. Describe: **A Child Care Eligibility Calculator available on the lead agency's web site allows a potential applicant to enter their family size, number of children in care and income information to determine if they are income eligible and what their estimated copayment would be assessed at.**

v. **[ ]** Extended office hours (evenings and/or weekends).

vi. **[x]** Consultation available via phone.

vii. **[ ]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:

viii. **[ ]** None.

b. Does the Lead Agency use an online subsidy application?

[ ] Yes.

[x] No. If no, describe why an online application is impracticable. **IDHS, the former lead agency worked with Code for America to develop an online application, which was expected to launch statewide in Spring 2025.**

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

[x] 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).**

[ ] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. **[x]** Advance notice to parents of pending redetermination.

ii. **[x]** Advance notice to providers of pending redetermination.

iii. **[ ]** Pre-populated subsidy renewal form.

iv. **[ ]** Online documentation submission.

v. **[ ]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[ ]** Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

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

[x] Yes. If yes, describe the policies: **Any activity approved by a family's TANF caseworker is considered an eligible activity for CCAP.**

[ ] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition,

Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Children who have physical or mental incapacities as documented by a statement from local health providers or other professional in the health/medical field that explains how the child is incapable of self-care. These children who turn 19 during an eligibility period will remain eligible until the end of that period.**

(a) a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 USC1401);

(b) a child who is eligible for Early Intervention services under Part C of the Individuals with Disabilities Education Act (20 USC1431 et seq.);

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

[ ] No.

[x] Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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

i. "residing with": **Child living in the same household as the parent/guardian during the time period for which child care services are requested.**

ii. "in loco parentis": **Assuming guardianship and control of the child (need not be formalized through the Court if a relative within the first 5 degrees of kinship).**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours

of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

   i. **[x]** An activity for which a wage or salary is paid.

   ii. **[x]** Being self-employed.

   iii. **[x]** During a time of emergency or disaster, partnering in essential services.

   iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

   v. **[x]** Time for meals or breaks.

   vi. **[x]** Time for travel.

   vii. **[ ]** Seeking employment or job search.

   viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

   i. **[x]** Vocational/technical job skills training.

   ii. **[x]** Apprenticeship or internship program or other on-the-job training.

   iii. **[x]** English as a Second Language training.

   iv. **[x]** Adult Basic Education preparation.

   v. **[ ]** Participation in employment service activities.

   vi. **[x]** Time for meals and breaks.

   vii. **[x]** Time for travel.

   viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

   ix. **[x]** Time for outside class study or completion of homework.

   x. **[ ]** Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

   i. **[x]** Adult High School Diploma or GED.

   ii. **[x]** Certificate programs (12-18 credit hours).

   iii. **[x]** One-year diploma (36 credit hours).

   iv. **[x]** Two-year degree.

   v. **[x]** Four-year degree.

   vi. **[x]** Travel to and from classrooms, labs, or study groups.

vii. **[x]** Study time.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[x]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[x] No.

[ ] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[ ] Work. Describe:

[ ] Job training. Describe:

[ ] Education. Describe:

[ ] Combination of allowable activities. Describe:

[ ] Other. Describe:

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

[ ] Yes.

[x] No. If no, describe the additional work requirements: **20 hours or more of work beginning in the 25th month of participation in below post-secondary education.**

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?"

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[ ] Children in foster care.

[x] Children in kinship care.

[ ] Children who are in families under court supervision.

[x] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[ ] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[x] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[x] Children experiencing homelessness.

[x] Children whose family has been affected by a natural disaster.

[x] Other. Describe: **Families that have at least one parent deployed away from home in military duty.**

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[x] Yes.

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

[ ] No.

[x] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

[ ] No.

[x] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

[ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	0.00	0.00	0.00
2	6921.00	57.00	3966.00
3	8550.00	58.00	4997.00
4	10178.00	59.00	6028.00
5	11806.00	60.00	7059.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

[x] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: **Determination to waive income is on a case-by-case basis based on submission of required verification documentations (DCFS referral letter, military deployment documentation or Certification of Temporary Living Arrangement Questionnaire.**

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[ ]** Spousal support, child support.

v. **[ ]** Survivor and retirement benefits.

vi. **[ ]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[ ]** Inheritance.

ix. **[ ]** Public assistance.

x. **[ ]** Other. Describe:

d. What is the effective date for these income eligibility limits? **7/1/2025**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
[x] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2025**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://ilga.gov/commission/jcar/admincode/089/089000500C03200R.html

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

i. **[ ]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

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

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

[x] Yes.

[ ] No. If no, describe:

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

[ ] No.

[x] Yes. If yes, describe the policy or procedure: **Asset limits are waived for families Transitioning from IDCFS Intact Family Services, Deployed Military Families, Parenting Youth in Care and Extended Family Support Program Services.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. [ ] Eligibility determination? If checked, describe:

b. [ ] Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: **Self-certified**
[x]	[x]	Applicant's relationship to the child. Describe how you verify: **Self-certified**
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Self-certified**
[x]	[x]	Work. Describe how you verify: **2 recent pay stubs or employment verification letter**
[x]	[x]	Job training or educational program. Describe how you verify: **Class schedule or letter of enrollment from the program sponsoring the training.**
[x]	[x]	Family income. Describe how you verify: **2 recent pay stubs, income verification form or tax returns**
[x]	[x]	Household composition. Describe how you verify: **Self-certified**
[x]	[x]	Applicant residence. Describe how you verify: **Self-certified**
[ ]	[ ]	Other. Describe how you verify: **N/A**

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **Illinois Department of Human Services (IDHS)**

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

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

   ii. "Reasonable distance": **The amount of time it takes the client to travel between the child care setting and the work/training/education activity. Mode of transportation and time of day are considered when determining if the time requested is reasonable.**

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

   iv. "Affordable child care arrangements": **Child care that is free or eligible for payment by the CCDF Lead Agency and that does not exceed the Lead Agency's maximum daily rate for the type of care.**

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

   i. **[x]** In writing

   ii. **[x]** Verbally

   iii. **[ ]** Other. Describe:

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.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **(a) a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 USC1401); (b) a child who is eligible for Early Intervention services under Part C of the Individuals with Disabilities Education Act (20**

USC1431 et seq.); (c) a child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 USC794).

e. "Families with very low incomes." **Family income that does not exceed 185% of FPL for their family size.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:
Children experiencing homelessness, as defined by CCDF	**[ ]**	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:

a. Does the Lead Agency define any other priority groups?

[ ] No.

[x] 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.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable

time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families that report they are experiencing homelessness and indicate an eligible employment or education activity at the time of application or redetermination are approved for 12 months and are given 90-days from the date of CCAP approval to submit documentation of an eligible activity and homelessness to continue their 12-month CCAP eligibility period.**

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **Are given 90 days to produce records. CCDF funding is not withheld while documentation is being obtained.**

      Children who are in foster care: **Illinois Department of Children and Family Services (IDCFS), not the lead agency, provides child care assistance for Foster families using non-CCDF funds.**

   ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

      [x] Yes.

      [ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The lead agency has collaborated with the state child care licensing agency, the Illinois Department of Children and Family Servies (DCFS), to draft regulatory changes needed for licensed centers, homes and group homes to allow a 90-day grace period for experiencing homelessness to submit health, safety and immunization records after enrollment. IDEC also issued a notification to the field that the grace period should be granted prior to the change in rule. CCR&Rs have access to information on current immunization resources and can provide referrals to families as requested.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[x]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[ ]** Other. Describe:

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

i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[ ]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[ ]** Ensuring accessibility of environments and activities for all children.

v. **[ ]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[ ]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[ ]** Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[ ]** Other. Describe:

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency has made available to all child care providers in the State: 1) A one-hour online training about reaching out to and serving children and families who are experiencing homelessness. This training includes the reasons why families experiencing homelessness might need child care, information about the McKinney-Vento Act, and resources for finding services for these families; 2) Packets of resources available to be distributed to providers by CCR&Rs; 3) A policy update training webinar to CCR&R and Sites; 4) A general inquiry email account where providers posts questions or seek guidance. In addition, the CCR&R staff is able to assist providers with any policies that make it easier to serve families who are experiencing homelessness. INCCRRA offers a "Homelessness training" that covers legal and social justifications and requirements for caring for homeless children, basic best practices for caring for families experiencing homelessness, requirements for caring for homeless children. CCR&R staff may refer families experiencing or in danger of becoming homeless to the Lead Agency for more information about program/services to help or prevent homelessness.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **INCCRRA provides an online training called Homeless with Hope: Providing Child Care for Homeless Children. This Registry-approved training is brought to you by Gateways to Opportunity and counts towards licensed program training hours. This training is only available online at this time.**

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 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **All eligible families are approved for at least a 12-month eligibility period. Eligibility start dates for new applications will be based on the date care began, or up to one week prior to the application received date.**

Eligibility periods will end the last day of the 13th month if the start date is anything other than the 1st day of the month. New eligibility periods for cases being redetermined will always start on the first day of the month and end the last day of the 12th month. Neither families or providers are required to interview as part of eligibility determination. Eligibility periods are only ended prior to the end of the 12th month in cases of income exceeding 85% SMI, relocation outside of Illinois, or after a 3-month grace period for a non-temporary loss of activity. Processes developed collaboratively between the lead agency and IDCFS, as well as updated liaison lists, help ensure that children leaving non-CCDF-funded assistance programs are referred and processed for 12-months of CCAP-funded care without having to meet standard CCAP eligibility guidelines. These polices help ensure that funding continues to be available to the providers, helping the child remain in the care of the family's choice, and to promote child development opportunities. Children applying for assistance who are 13 are sent request for documentation of special needs, including IEPs) to provide child care assistance for the longest time frame possible.

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

[ ] Yes.

[x] No. If no, describe: **Currently Illinois sets the 12-month eligibility period based on the families' application date. The eligibility period is not extended to allow for a child being added during that period to receive a full 12 months. IDHS, the former Lead Agency, was notified in January of 2023 of non-compliance for not extending eligibility periods when new children are added to the case. Illinois needs additional time to determine budget impacts and system changes needed to implement.**

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational

program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[x] No.

[ ] Yes. If yes, provide the additional/varying policies for redetermination:

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? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[x]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **CCAP cases will be granted a grace period of no fewer than 90 days if a parent/guardian ends participation in their approved activity permanently.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **Notification of permanent loss of activity either verbally or in writing.**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **No fewer than 90 days**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[ ]** Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Once assistance program staff are notified of a family's relocation out of state, a cancelation is processed with an effective date that represents the information received from the family. Cancelation notices will be sent to the family and provider(s) including the following language: You no longer live in Illinois. Families must reside in Illinois to be eligible for the child care assistance program.**

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **an intentional program violation or an act of fraud in an effort to obtain eligibility, benefits, or financial gain or profit from the Child Care Assistance Program to which they would otherwise not be entitled.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

[x] Yes.

[ ] No. If no, describe:

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

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

(i) 85 percent of SMI for a family of the same size; or,
(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
    (A) Takes into account the typical household budget of a family with a low income
    (B) Provides justification that the second eligibility threshold is:
        (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
        (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

a. **[ ]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

    i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

    ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[x]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: **$5,917 per month for family size of 3, 75% SMI**

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **The majority of the families participating in the Child Care Assistance Program transition out of the program prior to reaching an income of 85% SMI. For this reason, the Department believes that a second eligibility threshold of 275% FPL (75% SMI) is consistent with the typical household budget of a low-income family.**

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **Setting the exit level at 275% FPL allows families to continue an upward trajectory of income towards self-sufficiency. The exit level at 275% FPL was established because the state uses a significant number of TANF dollars to support the families that we serve and so while TANF exit is established at 225% FPL, a CCDF exit level at 275% FPL further accommodates increases in family income beyond TANF exit and will not create a negative impact in the family's finances.**

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **IDHS, the former Lead Agency, was notified in March of 2024 of being out of compliance with 45 CFR 98.21(b)(1). The Lead Agency's Graduated Phase Out policy does not include a full twelve-month eligibility period at redetermination when a families' income is between 275% FPL and 85% of SMI. Illinois requires additional time to come into compliance with this section in order to explore possible income guideline changes and/or budget impacts.**

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

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. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies

must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **7%**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

--	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1						
2	1.00	1.00	0.05	3966.00	272.00	6.86
3	1.00	1.00	0.04	4997.00	342.00	6.80
4	1.00	1.00	0.03	6028.00	413.00	6.85
5	1.00	1.00	0.03	7059.00	482.00	6.84

c. What is the effective date of the sliding-fee scale(s)? **7/1/25**

d. Provide the link(s) to the sliding-fee scale(s):
https://www.ilga.gov/commission/jcar/admincode/089/089000500C03200R.html

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[ ] No.

[x] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Illinois allows non-site contracted providers to charge parents the difference between their private pay rates and the State's maximum rate in order to give parents a wider choice of child care providers. Our policy promotes affordability for families by allowing families the opportunity to choose how they manage their funds through offering a variety of quality child care providers (Licensed, Gold/Silver/Bronze rated through the ExceleRate QRIS system, Family, Friend, and Neighbor care providers, etc.).**

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **Illinois' 2023 Market Rate Survey reported that 31% (up from 27.4% in 2021) of centers charge the difference between their private pay rates and the State's maximum rate to families, while 20% (up from 16.7% in 2021) of homes charge the difference between these rates.**

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[x]** The fee is a dollar amount and (check all that apply):

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

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

[ ] The fee is per child up to a maximum per family.

[ ]No additional fee is charged after a certain number of children.

[x] The fee is per family.

[ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ]Other. Describe:

ii. **[ ]** The fee is a percent of income and (check all that apply):

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

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

[ ]The fee is per child up to a maximum per family.

[ ]No additional percentage is charged after a certain number of children.

[ ] The fee is per family.

[ ]The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ] Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[ ] No.

[x] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[x]** Other. Describe: **Copayments are waived for protective service categories and**

reduced for other population such as employment with or as a child care provider. Copayments are reduced by half during September through May for families with only school-age children in care for part time care.

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[x]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[ ]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

3.3 Waiving Family Co-payment

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.

Does the Lead Agency waive family contributions/co-payments?

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. **[ ]**Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. **[ ]**Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. **[x]**Families experiencing homelessness.

iv. **[ ]**Families with children with disabilities.

v. **[ ]**Families enrolled in Head Start or Early Head Start.

vi. **[x]**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.**

vii. **[ ]**Families meeting other criteria established by the Lead Agency. Describe the policy:

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. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Not being paid for all eligible days.**
Retrospective payments.
Delays in payments caused by occasional system technological issues.
Not being able to charge private pay families less than the State maximum rate.

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[x] Yes.

[ ] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Parents are provided consumer education materials on choosing child care along with referrals from the Child Care Resource and Referral (CCR&R) agencies located across the state of Illinois. CCR&R staff administer the Child Care Assistance Program (CCAP) and conduct eligibility determinations which provides parents a single point of entry access to these services. Additionally, all eligible provider types are included on the initial application and Request for Change of Provider forms. Parent Services staff at local CCR&Rs provide parents a list of child care providers who accept children who qualify for CCAP as well as consumer education resources to support them in choosing quality child care that fits their child and family's need.**

e. Describe what information is included on the child care certificate: **At the end of each service month, Child Care certificates are mailed to providers as part of a monthly batch process managed by the Child Care Management System (CCMS) and the CCR&Rs. The certificate includes the month of service, the name, address, identification number address and type (center, home, licensed, exempt) of the provider. The certificate also includes the name of the head of household, family address, case number, the name and date of birth of all children approved for the provider, the amount of the parent copayment, the approved daily rates and number of eligible days (full time and part time) for each child. Space is provided for the provider to report the number of days attended for each child and rate type (full-time or part-time). The Child Care Certificate Reports for centers includes coding to indicate reasons for possible adjustment to the number of eligible days (school out, parent's extra shift, child left care, etc.), and explanations and calculation formulas to determine the attendance percentage and when 100% of eligible days will and will not be paid. A provider certification section states the provider has accurately reported rates and number of attended days and that records will be maintained for five years. The certificate for home providers also includes instruction on form completion.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established

pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? **October 1 to December 31, 2022 (State Fiscal Year 2023).**

b. **[ ]** ACF pre-approved alternative methodology.

   i. **[ ]** The alternative methodology was completed.

   ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

iii. State Advisory Council or similar coordinating body: **The Child Care Advisory Council includes individuals from the Governor's Office of Early Childhood Development, local child care resource and referral agencies as well as parents, providers, partner agency and INCCRRA. The council assisted with drafting and reviewing the survey prior to its use in the Fall of 2022 and was consulted on how best to utilize the results during advisory meetings.**

iv. Local child care program administrators: **Child care providers from various parts of the state are included in the Child Care Advisory Council and the Early Learning Council. The Councils were involved in the Fall of 2022 prior to survey collection.**

v. Local child care resource and referral agencies: **CCR&Rs were consulted in the Fall of 2022 prior to the data collection period. The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) reviews and trains staff about the required data elements to collect, format of data collection, and procedures for consistency across all agencies.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Leadership from SEIU, the union that represents all home based child care providers in Illinois, and the Coalition of Site Administered Child Care Programs have served on the Child Care Advisory Council and the Early Learning Council and the Early Learning Council. These groups were consulted in Fall of 2022 during advisory meetings.**

vii. Other. Describe: **NA**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **3/15/2023**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **Data elements were collected between September through December 2022. These provider types are inclusive of the child care market in Illinois for licensed programs.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The Market Rate Survey represents responses from Licensed Family Child Care Homes, Licensed Group Family Child Care Homes, and Licensed Center provider types.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Illinois Market Rate Survey utilizes the Child Care Resource and Referral data (CCR&R regionally collected administrative data) from child care providers. Data is collected and**

inputted into a statewide database, managed by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Following standardized procedures outlined in the manual and as part of their training, CCR&R staff aim to contact 85% of centers and 85% of family child care homes within a three-month data collection period. This approach leads to higher sample rates compared to typical surveys. Each quarter, INCCRRA conducts data quality assurance processes on the collected data and collaborates with CCR&Rs to resolve any errors.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **32.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **78.00**

viii. Describe if the survey conducted in any languages other than English: **The Market Rate Survey is conducted based on the providers need and also available in Spanish as applicable. A Spanish version is available broadly but accessed based on the needs of the provider in the specific service delivery area.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **The rates presented in the market rate survey are a function not only of the rate charged by each provider for a particular age group but also a function of the number of child care spaces or slots available for that age group for all providers serving that age group within a particular market. Thus, the mean rate is a weighted mean, with each provider's rate for a given age group weighted by the licensed capacity for children of that age group. Percentiles, moreover, are based upon weighting a given rate by the number of slots available at that rate, for a given age group, within a given payment region and then ordering the rates from lowest to highest.**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The rates presented in the Market Rate Survey are a function not only of the rate charged by each provider for a particular age group but also a function of the number of child care spaces or slots available for that age group for all providers serving that age group within a particular market. Thus, the mean rate is a weighted mean, with each provider's rate for a given age group weighted by the licensed capacity for children of that age group. Percentiles, moreover, are based upon weighting a given rate by the number of slots available at that rate, for a given age group, within a given payment region and then ordering the rates from lowest to highest.**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by

respondents and include information on how prices or costs could be linked to local geographic areas. **The market rate is established at several units of geography. First, rates are calculated at the county level and are reported if those rates are based on at least three slots. Rates will then be calculated at the level of CCAP county groups (Group IA, IB, and II). These county groupings reflect geographic variation in terms of the most urban counties (Group IA) to the most rural (Group II). As an appendix to the main analysis, we include analysis of license-exempt center rates. Due to the smaller numbers of these programs, the geographic analysis is conducted at the level of service delivery area (SDA). The SDA is a grouping of one or more counties that break up the State of Illinois into the areas served by local CCR&Rs.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The primary focus of the report is on licensed programs. As such, market rates are established for licensed child care centers, licensed family child care homes, and licensed group family child care homes. In the Market Rate Survey, there is an appendix included with analysis on the data available for license-exempt centers.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The market rate is established at the level of child's age. We do this analysis on two different groupings of ages. First, we do the analysis by the following age groups, which align with child care licensing: infants, toddlers, twos, preschool (3-4), fives, and school-age. We then do the analysis based on the age groups used for the CCAP reimbursement rates, which are: under age 2, age 2, and age 3 and older.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The Market Rate Survey also examines additional fees charged by providers and availability of care during non-standard hours.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study,

existing data or data from the Provider Cost of Quality Calculator)? **To assess child care providers' cost of care through a narrow cost analysis, IDHS-DEC developed a cost model engine that estimates the cost to provide care that meets today's child care licensing standards and the cost to meet requirements for the State's Quality Rating and Improvement System (QRIS), ExceleRate Illinois. The model incorporates assumptions for expenditures associated with providing care and calculates costs differentiated by geographic region within the State (1A, 1B, and 2), type of care (licensed centers, licensed family child care homes, and licensed family group child care homes), quality tier (licensed, ExceleRate Bronze, ExceleRate Silver, and ExceleRate Gold), and age of child served (infants and toddlers, two-year-olds, preschool-eligible children, and school-aged children). Like most cost models, it was built to calculate costs for theoretical providers, meant to represent the average provider experience across the State, with varying input assumptions across these lines of differentiation. For each child care setting, associated staffing patterns, wage assumptions, and non-personnel costs were incorporated to calculate provider costs. Staff wages and rent (a non-personnel cost) vary based on geographic region of the state. The model is structured to allow for scenario and sensitivity analysis based on varying input assumptions that can be updated annually. Cost driver input assumptions for the analysis have been informed by financial modeling, surveys, data collection, and studies that have been conducted by the State in the recent past, as well as by conversations with local experts and stakeholders.**

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **IDHS-DEC worked to develop a dynamic cost model engine that estimates the cost to provide care that meets today's child care licensing standards and the cost to meet requirements for the State's Quality Rating and Improvement System (QRIS), ExceleRate Illinois. The model incorporates assumptions for expenditures associated with providing care and calculates costs differentiated by geographic region within the State, type of care, quality tier, and age of child served. Like most cost models, it was built to calculate costs for theoretical providers, meant to represent the average provider experience across the State, with varying input assumptions across these lines of differentiation. For each child care setting, associated staffing patterns, wage assumptions, and non-personnel costs were incorporated to calculate provider costs staff wages and rent (a non personnel cost) vary based on geographic region of the State. Providers are grouped by counties throughout the state. Child care markets are defined by specific geographical regions, age group, and type of care (family child care or center child care). Within the state of Illinois, child care markets are broken down into three reimbursement tiers represented by groups of counties with similar populations and makeups. Group IA consists of 7 urban counties: Cook, DeKalb, DuPage, Kane, Kendall, Lake, and McHenry. Families in these counties who are eligible receive the highest child care assistance rates in the state. Group IB is comprised of 16 counties spread throughout the state that have at least one urban area. These counties include Boone, Champaign, Kankakee, Madison, McLean, Monroe, Ogle, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Whiteside, Will, Winnebago, and Woodford. Eligible families in these counties receive child care assistance below that of those families in Group IA but above the rates received by families who live in the counties represented by Group II. All other counties in Illinois, which are primarily rural, make up Group II and received the lowest rates of child care assistance.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the

base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **To build the narrow cost analysis, the former Lead Agency had to determine how to include key provider expenditure assumptions. Based on federal requirements, review of other states' submissions, and existing Illinois practice, the narrow cost analysis differentiates the cost of care across provider settings, quality tiers, state geographies, and age groups. To address the cost of providers' implementation of health, safety, quality, and staffing requirements, licensing standards were used as a guide to set cost modeling assumptions. These included assumptions about size, child count, and ratios; staffing and credentials; personnel expenditures (wages and benefits); and non-personnel expenditures, all based on licensing requirements. These assumptions were then synthesized by provider setting type, geographic region, and age group to develop estimated costs per classroom for licensed child care centers and estimated costs per program for family child care homes and family group child care homes.**

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **To address the cost of providers' implementation of higher-quality care, Illinois relied upon the ExceleRate Quality Rating and Improvement System as a guide to set cost modeling assumptions. These included assumptions about size, child count, and ratios; staffing and credentials; personnel expenditures (wages and benefits); and non-personnel expenditures, all based on ExceleRate Bronze, ExceleRate Silver, or ExceleRate Gold requirements. These assumptions were then synthesized by provider setting type, geographic region, and age group to develop estimated costs per classroom for licensed child care centers and estimated costs per program for family child care homes and family group child care homes, each differentiated by ExceleRate Circle of Quality.**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The narrow cost analysis estimates the current costs that providers incur today to meet what is required through child care licensing standards and by ExceleRate Illinois Circle of Quality as it is implemented today - it is not an analysis of the cost of all services that providers may provide (or that children may need) above and beyond licensing standards or the costs associated with services in an adequate system. For example, the narrow cost analysis relies upon current personnel costs for both programs meeting child care licensing standards and programs that have earned ExceleRate Illinois Circles of Quality. These personnel costs are accurate for current providers to offer current levels of child care in their communities; however, they may not be adequate to expand the workforce, support more advanced qualifications, or reduce turnover. Further, the narrow cost analysis provides estimated costs per classroom for licensed child care centers and by program for licensed family child care home and licensed family group child care home. The greatest drivers of cost in a licensed child care center or home are personnel costs, which do not vary evenly or on a linear basis compared to child enrollment and participation. Rather, these costs vary by classroom of children, and it is for this reason that the narrow cost analysis estimates costs per classroom or by program. This creates**

challenges when comparing the gap between costs incurred by child care providers at a per-classroom level to the Lead Agency's payment rates, which are set at a per-child level. Outcomes of the narrow cost analysis provide current estimated costs per classroom for Licensed Child Care Centers and by program for FCC Homes and FCC Group Homes. Center costs per classroom range from $145K to $247K, with differences therein across geographies, ages, and quality level. FCC Home costs per program range from $69K to $95K, and FCC Group Home costs per program range from $105K to $128K with differences therein across geographies and quality level.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

i. Provide the date the report was completed: **3/1/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **4/1/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The Market Rate Survey was sent to the Child Care Resource and Referral Agencies to share broadly with their service delivery area, the Illinois Network of Child Care Resource and Referral Agencies, members of the Professional Development Advisory Council, members of the Child Care Advisory Council, and members of the Early Learning Council. Additionally, the report was sent throughout the Division of Early Childhood at the former Lead Agency to share as appropriate with other programs within the Division. The report was posted on the IDHS website at Market Rate Survey 2023 Final (state.il.us) https://www.dhs.state.il.us/OneNetLibrary/27897/documents/MarketRateSurvey/MarketRateSurvey2023_A11Y.pdf**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **Prior to conducting data collection, the Lead Agency works with partners at the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and with the local Child Care Resource and Referral Agencies for feedback. The Lead Agency reviews comments from all stakeholders and consults with the Governor's office, office of the budget, and internal management in determining if any considerations should be made based on available resources. Following the**

completion of the data collection and analysis, the Lead Agency works in partnership with the above mentioned groups to establish a final report for publication. The Lead Agency works with INCCRRA on presenting the results and major findings of the report with Advisory bodies and state agency partners. During this time, feedback from external stakeholders and advisory bodies is received by the Lead Agency for further review and evaluation.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

i. If yes, check if the Lead Agency:

[ ] Sets the same payment rates for the entire State or Territory.

[x] Sets different payment rates for different regions in the State or Territory.

[ ] No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2025**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Daily rates multiplied by 5**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	67.00 Per Day	64.00	335.00	50.30	67.00	71.71	79.00		
Family Child Care for Infants (6 months)	56.05 Per Day	84.00	280.25	89.60	45.89	45.89	47.96		
Center Care for Toddlers (18 months)	67.00 Per Day	64.00	335.00	50.30	67.00	71.71	79.00		
Family Child Care for Toddlers (18 months)	56.05 Per Day	84.00	280.25	89.60	45.89	45.89	47.96		
Center Care for Preschoolers (4 years)	46.00 Per Day	64.00	230.00	40.60	50.00	59.00	65.00		
Family Child Care for Preschoolers (4 years)	47.51 Per Day	84.00	237.55	79.70	38.90	40.00	40.65		
Center Care for School-Age (6 years)	46.00 Per Day	64.00	230.00	49.00	47.00	52.25	59.20		
Family Child Care for School-Age (6 years)	47.51 Per Day	84.00	237.55	79.70	38.90	40.00	40.65		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	67.00 Per Day	64.00	335.00	50.30	67.00	71.71	79.00		
Family Child Care for Infants (6 months)	56.05 Per Day	84.00	280.25	89.60	45.89	45.89	47.96		
Center Care for Toddlers (18 months)	67.00 Per Day	64.00	335.00	50.30	67.00	71.71	79.00		
Family Child Care for Toddlers (18 months)	56.05 Per Day	84.00	280.25	89.60	45.89	45.89	47.96		
Center Care for Preschoolers (4 years)	46.00 Per Day	64.00	230.00	40.60	50.00	59.00	65.00		
Family Child Care for Preschoolers (4 years)	47.51 Per Day	84.00	237.55	79.70	38.90	40.00	40.65		
Center Care for School-Age (6 years)	46.00 Per Day	64.00	230.00	49.00	47.00	52.25	59.20		
Family Child Care for School-Age (6 years)	47.51 Per Day	84.00	237.55	79.70	38.90	40.00	40.65		

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[x] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe:

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 as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[x] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Site administered contracted providers may receive a 20% add-on to their payment rate for children who have a demonstrated disability. The additional funds are used by the provider for supports such as the purchase of adaptive equipment and securing specialized training for the caregiver. This differential rate was established when the site- administered contracts were first created. Illinois' Quality Rating and Improvement System, ExceleRate Illinois, is accessible for licensed child care centers and licensed family/group child care homes. Licensed programs that have a Silver (10%) or Gold (15%) Circle of Quality receive an add-on for each CCAP child in care; license-exempt family child care providers completing Training Tiers receive an add-on for each CCAP child in care. The percentage ranges from 10%-20% depending on the tiers completed.**

[ ] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[x]** Differential rate for non-traditional hours. Describe: **When care is provided more than 12 hours but fewer than 17 hours in a day, providers will use the full day rate for the first 12 hours of care and the part day rate for the remainder. When care is provided is for between 17 to 24 hours in a day, providers will use the full day rate for the first 12 hours and the full day rate for the remainder.**

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Site administered contracted providers may receive a 20% add-on to their payment rate for children who have a demonstrated disability. The additional funds are used by the provider for supports such as the purchase of adaptive equipment and securing specialized training for the caregiver. This differential rate was established when the site- administered contracts were first created.**

iii. **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **Illinois Quality Rating and Improvement System, ExceleRate Illinois, is accessible for licensed child care centers and licensed family/group child care homes. Licensed programs that have a Silver (10%) or Gold (15%) Circle of Quality receive an add-on for each CCAP child in care; license-exempt family child care providers completing Training Tiers receive an add-on for each CCAP child in care. The percentage ranges from 10%-20% depending on the tiers completed. These differential rates were established when the ExceleRate Illinois system was established.**

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

[ ] Yes. If yes, describe:

[x] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The former Lead Agency's Market Rate Survey calculates market rates based upon the daily full-time price of child care for the given child care market. As a result, we further selected only those active providers accepting children on a full-time (or both full and part-time) basis and those who provide care during the school year or year round. Additionally, the sample was limited to those providers who gave valid enrollment/capacity data and valid rate information for at least one primary shift so that slot availability could be determined. Finally, the sample was limited to those providers who worked more than 35 hours a week and who indicated that their shift ran four or more days a week. This final sample includes 4,239 providers, which were further refined based on the analysis conducted. The Lead Agency relies on findings from the Market Rate Survey, combined with labor contract negotiations and the state's budget process, to set rates.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **On April 20, 2023 the former lead agency was notified of non-compliance with the equal access provision of 45 CFR 98.45(a) due to Illinois rates for infants and pre-school age children cared for in centers. Illinois requires additional time to explore the best way to leverage both our recently submitted Narrow Cost Analysis and an updated MRS to ensure that we are paying rates that will allow for equal access to care by families receiving child care assistance. We have contracted with**

Afton Partners to assist us with identifying and implementing improvements to our cost modeling efforts.

In addition to a review of the current market, and alternative cost modeling, Smart Start Child Care was introduced as part of Governor Pritzker's SFY 2024 budget proposal. Smart Start proposes to increase State funding to provide additional supports for the child care market. Illinois will update its State Plan to reflect how new funding models may have an impact on this non-compliance finding. Although as a result of union negotiations, home providers are receiving rate increases effective in January and July of 2025, budget constraints prohibited an increase for center rates.

The lead Agency continues to increase base payments rates based on the most recent Market Rate Survey and based on labor contract negotiations for home providers, toward the cost of providing high-quality child care services above and beyond basic health, safety, quality, and staffing requirements.

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The current increases to daily rates were set through contract negotiations (for home providers) and the State budget process (for center providers). The narrow cost analysis helped to confirm adequacy of reimbursement rates for centers to meet basic licensing and federal CCDF requirements. As a result of union negotiations, home providers are receiving rate increases effective in January and July of 2025, however, budget constraints prohibited an increase for center rates.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The cost of higher quality is acknowledged with a percentage above the base payment rate for child care providers participating in the ExceleRate Illinois Quality Recognition and Improvement System. There are two circles of quality within the QRIS system that are linked to a higher quality rating. These circles are recognized as providing high quality care and are provided a percentage amount above the base in order to support the cost of providing higher quality care.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

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. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Illinois is not currently paying providers prospectively. A 2-year waiver request will be submitted.**

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[ ] Yes. The 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.

[ ] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

[x] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **Illinois pays provider for 100% of the child's eligible days if they attended at least 70% of those days. To lessen the financial impact of extraordinary events which are beyond the control of child care providers, a center experiencing less than 50% of their expected CCAP enrollment due to an extraordinary event (epidemic, flooding, heat failure…) may apply for a Child Care Assistance Program (CCAP) Attendance Exemption. Illinois will be requesting a waiver to delay implementation of this requirements until policies, rules and systems are modified and a budget impact analyses is completed. Illinois was notified of non-compliance of with 45 CFR 98.45(l)(2) in January 2023. The former lead agency required additional time to make payment system modifications to calculate the 70%**

attendance rule on a child-by-child basis. Due to the age of the current system, this may not be possible until the planned replacement of that system.

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **The former Lead Agency was notified March 13, 2024 of being out of compliance. Effective 7/1/24, licensed and license-exempt child care centers that indicate they charge a registration fee will be paid a registration fee of $50 for 1 child and $100 for multiple children.**

[ ] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The IDEC Approval of Request for Child Care Payments is sent to approved applicants and providers once eligibility has been determined. Revised copies are sent to clients and providers at any time there is a change to the case that affects the information that is included in the notice (rates, approved days, co-payment amounts, and others). The form lists the following relevant information: eligibility date range with a statement that payments cannot be made prior to the date of approval; parent co-payment amounts that the provider is responsible for collecting from families; a list of approved children in the family with information about all applicable daily rates, eligibility by the number of days per week; information on the client's right to appeal the decision within 30 days; a toll- free number to request an appeal; and a statement that the client may be represented by anyone of their choice.**

Monthly billing certificates are sent to providers listing all approved children for the month of service, the number of full time and part time days they are eligible for payment, the families' copayments

The lead agency reviews the most recent Market Rate Survey to identify common

payment practices. Practices will be revised based on budget and system updates.

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Revised approval notices are issued to the family and provider whenever a change is made to any aspect of the case. Changes take affect the month following the reported change. Changes to cases based on reported information are to be entered into the CCMS and revised approval notices must be issued within 30 days of receipt of the change notification.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **All applicants for or recipients of child care assistance have the right to appeal unfavorable decisions made about their child care case by CCR&R staff or Site Administered providers. Issues that can be appealed include, but are not limited to, the denial or cancellation of benefits, the copayment amount, the payment amount or non-payment of a child care subsidy, or any other unfavorable decision. Appeals must be filed within 60 days. The 60-day period begins the day after the unfavorable notice is signed and mailed. If the sixtieth day falls on a non-workday, the parent has until the end of the next workday to request a hearing. Families and center providers may file an appeal through the IDHS Bureau of Administrative Hearings. Home child care providers, who are represented by a labor union, can file a grievance where the first step is within division and the 2nd with Bureau of Administrative Hearings.**

f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Illinois' payment policies and processes are very similar for all provider types. IDHS, the former Lead Agency, has improved its payment vouchering system, which has reduced the time it takes for payments to be issued by up to 1 week. This effort allows for more reliable and timely reimbursement and helps to ensure that a provider's ability to carry costs over time is less of an impediment to accepting subsidy.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[x] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **The application used by contracted providers is the same used by the certificate program and**

lists all qualified provider types. Contracted providers utilize the same eligibility system as the certificate program enabling the transfer of families between contracted and certificate providers without interruption to the 12-month eligibility period. Child Care Resource and Referral agencies are required to work with all families seeking child care. Based on the parent's needs, the CCR&R will offer a referral list of providers in their area who are listed on the CCR&R provider database. Vacancy checks are done by the CCR&R and providers may contact the CCR&R to identify vacancies.

The Lead Agency does not allocate slots per population type. This is determined by licensed capacity.

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[ ] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[x] Children with disabilities. Number of slots allocated through grants or contracts: Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. Sites may apply for a 20% add-on to standard rates for caring for children with special needs. These contracts do not specify how the slot are allocated by the provider, including designated slots for any specific population or locations.

[x] Infants and toddlers. Number of slots allocated through grants or contracts: Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. These contracts do not specify how the slot are allocated by the provider, including designated slots for any specific population or locations.

[x] Children in underserved geographic areas. Number of slots allocated through grants or contracts: Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. These contracts do not specify how the slot are allocated by the provider, including designated slots for any specific population or locations.

[x] Children needing non-traditional hour care. Number of slots allocated through grants or contracts: Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. These contracts do not specify how the slot are allocated by the provider,

including designated slots for any specific population or locations.

[x] School-age children. Number of slots allocated through grants or contracts: **Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. These contracts do not specify how the slot are allocated by the provider, including designated slots for any specific population or locations.**

[x] Children experiencing homelessness. Number of slots allocated through grants or contracts: **Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. Contracted providers are located in both urban and rural areas of the state. Contracts do not include language regarding slot allocation. The lead agency does not allocate slots per population type.**

[x] Children in urban areas. Percent of CCDF children served in an average month: **Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. Contracted providers are located in both urban and rural areas of the state. These contracts do not specify how the slot are allocated by the provider, including designated slots for any specific population or locations.**

[x] Children in rural areas. Percent of CCDF children served in an average month: **Slots funded through Site Administered contracts with centers and home networks are open to families enrolled with the provider who are determined eligible for subsidy. Contracted providers are located in both urban and rural areas of the state. These contracts do not specify how the slot are allocated by the provider, including designated slots for any specific population or locations.**

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Other than the 20% add-on for speacial needs care, standard rates apply.**

4.5.2 Care in the child's home (in-home care)

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

Will the Lead Agency limit the use of in-home care in any way?

[x] Yes.

[ ] No.

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

i. **[ ]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage)

requirements. Describe:

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Must be 18 or older.**

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[ ]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[ ]** Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The Lead Agency reviews data collected by the Child Care Resource and Referral Agencies that is entered into the Data Tracking Program (DTP). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed. IECAM provides information about statewide early childhood services along with demographic characteristics of families with young children and census data. Finally, data from the ExceleRate Illinois (QRIS) are reviewed and compared to identify areas that do not have quality rated programs.**

ii. Method of tracking progress: **The Lead Agency completes an Annual Child Care Report that captures child care program participation and enrollment in the Quality Recognition Improvement System along with our Child Care Assistance Program. On a monthly basis the Lead Agency tracks the number and percentage of CCDF children enrolled in high quality programs. Data from IECAM is available ongoing through their website and as requested by the Lead Agency for specific data needs**

iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency will work in partnership with the Child Care Resource & Referral (CCR&R) Agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). The Lead Agency, based on the data provided in the Data Tracking Program, is able to run reports over multiple years to see trends, gaps, and identify a plan to increase child care slots in family child**

care homes. Lastly, the Child Care Resource and Referral Agencies support in recruitment and retention of child care providers through the Recruitment and Retention Coordinator Position at the agency. These staff support providers in starting as a family child care provider and connect to available resources as needed. The lead agency works in partnership with SEIU Helen Miller Training Center to recruit and retain family child care providers. They also provide training and technical assistance to family child care providers. The Illinois Network of Child Care Resource and Referral Agencies works in partnership with the lead agency to administer Smart Start Child Care. One of the top priorities in Smart Start Child Care is to expand the supply of child care home providers and raise wages.

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency partners with the Illinois State Board of Education (ISBE) and the Illinois Department of Commerce and Economic Opportunity (DECO) to address child care shortages across various age groups. Using findings from the Birth to Five Regional Needs Assessment, ISBE's identified early childhood deserts, and data synthesized by the Illinois Early Childhood Asset Map, Illinois has developed strategies to address the identified gaps in care. These strategies include capacity-building grants and initiatives to address workforce shortages in regions where the need for care is most critical.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: The Lead Agency reviews data collected by the Child Care Resource and Referral Agencies that is entered into the Data Tracking Program (DTP). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed. IECAM provides information about statewide early childhood services along with demographic characteristics of families with young children and census data. Finally, data from the Birth to Five Illinois Regional Needs Assessments were completed and provide the Lead Agency with qualitative and quantitate data across the State on Early Childhood Needs.

ii. Method of tracking progress: The Lead Agency completes an Annual Child Care Report that captures child care program participation and enrollment in the Quality Recognition Improvement System along with our Child Care Assistance Program. On a monthly basis the Lead Agency tracks the number and percentage of CCDF children enrolled in high quality programs. Data from IECAM is available ongoing through their website and as requested by the Lead Agency for specific data needs. Finally, the Birth to Five Illinois Councils will be working on Regional Action Plans that will be living community documents that focus on top priorities to address items identified in each region. The Lead Agency and its grantees participate on these Councils in creating and informing goals and recommendations.

iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency will work in partnership with the Child Care Resource & Referral (CCR&R) Agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). The Lead Agency, based

on the data provided in the Data Tracking Program, is able to run reports over multiple years to see trends, gaps, and identify a plan to increase child care slots in family child care homes. Finally, the Lead Agency and its grantees participate on the birth to Five Illinois Councils that are creating Regional Action Plans that identified Early Childhood needs throughout the state. Lastly, the Child Care Resource and Referral Agencies support in recruitment and retention of child care providers through the Recruitment and Retention Coordinator Position at the agency. These staff support providers in starting as a family child care provider and connect to available resources as needed. The lead agency works in partnership with SEIU Helen Miller Training Center to recruit and retain family child care providers. They also provide training and technical assistance to family child care providers. The Illinois Network of Child Care Resource and Referral Agencies works in partnership with the lead agency to administer Smart Start Child Care. One of the top priorities in Smart Start Child Care is to expand, maintain and increase child care choices for families. The main strategy to reach this goal is to raise wages for licensed family child care homes and centers.

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency will work in partnership with the Child Care Resource & Referral (CCR&R) Agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), and other state agencies to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). The Lead Agency, based on the data provided in the Data Tracking Program and the IL Early Childhood Asset Map, is able to run reports over multiple years to see trends, gaps, and identify a plan to increase child care slots in family child care centers. The Child Care Resource and Referral Agencies support in recruitment and retention of child care center providers through the Recruitment and Retention Coordinator Position at the agency. These staff support providers in starting as a child care center and connect to available resources as needed. The Illinois Network of Child Care Resource and Referral Agencies works in partnership with the lead agency to administer Smart Start Child Care. One of the top priorities in Smart Start Child Care is to expand, maintain and increase child care choices for families. The main strategy to reach this goal is to raise wages for staff at licensed child care centers. Finally, the Lead Agency and its grantees participate on the birth to Five Illinois Councils that are creating Regional Action Plans that identified Early Childhood needs throughout the state.

c. In care for special populations:

i. Data sources used to identify shortages: The Lead Agency reviews data collected by the Child Care Resource and Referral Agencies that is entered into the Data Tracking Program (DTP). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed. IECAM provides information about statewide early childhood services along with demographic characteristics of families with young children and census data. Finally, data from the Birth to Five Illinois Regional Needs Assessments were completed and provide the Lead Agency with qualitative and quantitate data across the State on Early Childhood Needs.

ii. Method of tracking progress: The Lead Agency completes an Annual Child Care Report that captures child care program participation and enrollment in the

Quality Recognition Improvement System along with our Child Care Assistance Program. On a monthly basis the Lead Agency tracks the number and percentage of CCDF children enrolled in high quality programs. Data from IECAM is available ongoing through their website and as requested by the Lead Agency for specific data needs. Finally, the Birth to Five Illinois Councils will be working on Regional Action Plans that will be living community documents that focus on top priorities to address items identified in each region. The Lead Agency and its grantees participate on these Councils in creating and informing goals and recommendations.

iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency will work in partnership with the Child Care Resource & Referral (CCR&R) Agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), and other state agencies to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). The Lead Agency, based on the data provided in the Data Tracking Program and the IL Early Childhood Asset Map, is able to run reports over multiple years to see trends, gaps, and identify a plan to address child care shortage utilizing opportunities for care through family child care homes. Lastly, the Child Care Resource and Referral Agencies support recruitment and retention of family child care providers through the Recruitment and Retention Coordinator Position at the agency. These staff support providers in starting as a family child care provider and connect to available resources as needed. The lead agency works in partnership with SEIU Helen Miller Training Center to recruit and retain family child care providers. They also provide training and technical assistance to family child care providers. The Illinois Network of Child Care Resource and Referral Agencies works in partnership with the lead agency to administer Smart Start Child Care. One of the top priorities in Smart Start Child Care is to expand, maintain and increase child care choices for families. The main strategy to reach this goal is to raise wages for licensed family child care homes and centers

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency will work in partnership with the Child Care Resource & Referral (CCR&R) Agencies, the Child Care Advisory Council, and the Early Learning Council (State Advisory Council), to determine areas of child care shortages (no providers, part time care, before/after school care, etc.). The Lead Agency, based on the data provided in the Data Tracking Program, is able to run reports over multiple years to see trends, gaps, and identify a plan to increase child care slots in family child care centers. Finally, the Lead Agency and its grantees participate on the birth to Five Illinois Councils that are creating Regional Action Plans that identified Early Childhood needs throughout the state

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

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic

areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **The Lead Agency reviews data collected by the Child Care Resource and Referral Agencies that is entered into the Data Tracking Program (DTP). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed to identify underserved geographic areas across the state. IECAM provides information about statewide early childhood services along with demographic characteristics of families with young children and census data. The Birth to Five Illinois Councils completed Regional Needs Assessments that focus on top priorities to address related to Early Childhood Education and Care. The Lead Agency and its grantees participate on these Councils in creating and informing goals and recommendations based on identified needs, gaps, barriers etc. Based on the most recent slot gap analysis, throughout the State, there are 232,921 slots in licensed child care centers and family child care homes, as well as 41,752 slots in license-exempt centers, leaving 654,016 children aged birth to five without a slot in a licensed care center or home if they wanted to enroll their child. While slots are scarce throughout the State, rural families seem to have the most difficult time because the centers and homes just do not exist.**

   The Lead Agency contracts with several child care centers and agencies to provide Site Administered Child Care Assistance to eligible parents. Contracts are awarded to licensed child care centers and family child care networks located throughout the state. At the local level, CCR&Rs promote and provide Quality Improvement Grants to providers working towards or maintaining a Circle of Quality. In addition, the Smart Start Workforce Grant (SSWG) program provides resources to child care centers and homes to support wage increases for personnel. Grantees are required to maintain that at least 15% of their total program enrollment consists of children receiving CCAP funding. SSWG will assist in ensuring staff recruitment and retention,. especially in communities across Illinois where there are limited child care slots available for underserved families and their children.

b. Infants and toddlers. Describe: **The Lead Agency reviews data collected by the Child Care Resource and Referral Agencies that is entered into the Data Tracking Program (DTP). In addition, data from the Illinois Early Childhood Asset Map (IECAM) website are reviewed to identify slots for infants and toddlers across the state. The Birth to Five Illinois Councils completed Regional Needs Assessments that focus on top priorities to address related to Early Childhood Education and Care. The Lead Agency and its grantees participate on these Councils in creating and informing goals and recommendations based on identified needs, gaps, barriers etc. Based on the recent data Illinois has slots to cover approximately 21% of the infant and toddler population eligible for child care.**

   The Lead Agency contracts with several child care centers and agencies to provide Site Administered Child Care Assistance to eligible parents. Contracts are awarded to licensed child care centers and family child care networks located throughout the state. At the local level, CCR&Rs promote and provide Quality Improvement Grants to providers working towards or maintaining a Circle of Quality. Those programs serving infants and toddlers are a priority program for the Quality Improvement Grants.

c. Children with disabilities. Describe: **The Lead Agency does not gather specific data on the gaps in the supply and quality of child care services for children with disabilities. In the coming year this will be address by expanding our child care needs assessment survey to include more focus questions regarding the quality and supply of care for children with disabilities. . Currently , the Lead Agency contracts with several child care centers and agencies to provide Site Administered Child Care Assistance to eligible parents. Contracts are awarded to licensed child care centers and family child care networks located throughout the state. Site-administered contract providers who care for eligible children with a demonstrated disability are able to apply for a 20 percent special needs add-on rate. The additional funds are used by the provider for supports such as the purchase of adaptive equipment and securing specialized training for the care giver.**

d. Children who receive care during non-traditional hours. Describe: **There is currently not a broad representation of programs offering Non-Traditional care hours. According to an Urban Institute study, Illinois has 203,200 children under age 6 with parents working non-traditional hours. Data from the Illinois CCR&R System provider database, maintained by INCCRRA, shows that there are 6,796 child care providers that offer some form of non-traditional hour care. Those providers have a total capacity for 213,691 children. There are many variations in the non-traditional hour care schedules provided and not all schedules will meet the needs of families. In addition, the full licensed capacity of the program may not be available during non-traditional hours.**
This representation has been noted by legislators and was put forward in Public Act 102-0912 to pilot increasing programs who offer Non-Traditional Care hours. The lead agency contracts with two CCR&Rs Illinois Action for Children and Skip-A-Long Family Services to implement a Non-Traditional hours pilot program that is set to begin in July 2025. These contracts will provide additional funding support beyond reach of current operating budgets for child care providers and shall be consistent with the requirements of the Non-Traditional Child Care Act (Public Act 102-0912). INCCRRA is working on a study to fully detail the non-traditional care schedules available in Illinois, as well as the potential demand for those schedules based on Census/IPUMS data.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **The Child Care Advisory Council's CCAP Policy Committee discusses with the lead agency strategies to address the needs of special populations (homeless, special needs, military families) and makes recommendations to enhanced services. IDHS, the former Lead Agency, has identified the following populations as either priority or protective categories: Families experiencing homelessness; families transitioning form IDCFS service programs (Youth in Care, Extended Family Services, Intact Family Serivces); parents deployed from home by a branch of the US military; families receiving TANF; teen parents in high school or GED; employed families with special needs children.**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of

poverty and unemployment and that do not have access to high-quality programs. **IDHS, the former Lead Agency, identified areas with significant concentrations of poverty and unemployment based on data collected from Illinois Department of Employment Security, statewide Family Community Resource Centers, and the Census Bureau. The Lead Agency utilizes this data to identify areas that did not have enough number of quality programs. Deep poverty means an economic condition where an individual or family has a total annual income that is less than 50% of the federal poverty level for the individual or family as provided in the annual report of the United States Census Bureau on Income, Poverty and Health Insurance Coverage in the Unites States. The Lead Agency contracts with the Child Care Resource and Referral (CCR&R) Agencies to support families and targeted populations experiencing financial hardships connect with local community resources and access to quality child care through the Enhanced TANF referral process. This is conducted in partnership with the local Family Community Resource Center (FCRC). The CCR&R agencies are contracted to recruit and retain providers in their local service delivery area. This is to reduce child care deserts in areas where quality care programs are needed.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their

definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **A provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent (s)work.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **"Day care homes" means family homes which receive more than 3 up to a maximum of 12 children for less than 24 hours per day. The maximum of 12 children includes the family's natural, foster, or adopted children and all other persons under the age of 12. The term does not include facilities which receive only children from a single household. (Section 2.18 of the Child Care Act of 1969 [225 ILCS 10])**

"Group day care home" means a family home which receives more than 3 up to 16 children for less than 24 hours per day. The number counted includes the family's natural, foster, or adopted children and all other persons under the age of 12. (Section 2.20 of the Child Care Act of 1969)

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **N/A**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **The following providers are exempt from licensing requirements: Public or private elementary school systems or secondary level school units or institutions of higher learning that serve children who shall have attained the age of 3 years (Schools or College Lab Programs, Partially Exempt Programs); Private entities on the grounds of public or private elementary or secondary schools and that serve children who have attained the age of 3 years, except that this exception applies only to the facility and not to the private entities' personnel operating the program; Programs or that portion of the program which serves children who shall have attained the age of 3 years and which are recognized by the State Board of Education (Illinois State Board of Education Recognized Schools); Educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multistate educational organization or association which regularly recognizes or accredits schools (Other Schools); Programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting standards of the State Board of Education and applicable fire marshal standards (Special Education Programs). Any type of day care center that is conducted on federal government premises (Federal Property); Part day child care facilities (Part Day Facilities); Is operated by churches or religious institutions as described in Section 501 (c) (3) of the federal Internal Revenue Code and receives no governmental aid, is operated as a component of a religious, nonprofit elementary school, operates primarily to provide religious education and meets appropriate State or local health and fire safety standards (Religious Education Programs); Programs or portions of programs that serve only school-age children and youth (defined as full-time) kindergarten children, as defined in 89 Ill. Adm. Code 407.45,or older), are organized to promote childhood learning, child and youth development, educational or recreational activities, or character-building and operate primarily during out-of-school time or at times when school is not normally in session (School-Age Only Programs).**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Children must be at least 3 years of age to enroll in a license exempt center.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers are monitored**

to confirm compliance with the health and safety standards.

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Family homes that care for no more than 3 children under the age of 12 or that receive only children from a single household, for less than 24 hours per day, are exempt from licensure as day care homes. The three children to whom this exemption applies includes the family's natural or adopted children and any other persons under the age of 12 whether related or unrelated to the operator of the day care home.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **No more than three children can attend unless all children are from the same household.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers are monitored to confirm compliance with the health and safety standards. Relative Providers, categorized as Providers 765 and 767, are exempt from completing these health and safety training requirements.**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **Agency defines these providers as Non-relative Exempt from Licensing (766) - Care provided in the home of the child. No more than three children may be cared for, including the provider's own children, or may care for all children from a single household, allowing the provider to care for more than 3 children.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **No more than three children can attend unless all children are from the same household. There are no age or hours restrictions for exempt home providers.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers are monitored to confirm compliance with the health and safety standards.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should

map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **Center "Infant" means a child from 6 weeks through 14 months of age.**

Day Care Home "Infant" means a child birth through 12 months of age.

Group Day Care Home "Infant" means a child birth through 12 months of age as defined by licensing standards 407 for day care centers.

b. Toddler. Describe: **child from 15 months to 2 years of age. The term may include a child up to 30 months of age depending upon physical or social development.**

c. Preschool. Describe: **Center "Preschooler" means a child from 3 through 5 years of age. Children enrolled in kindergarten may be considered either preschool or school-age. Children 2 years of age may be considered preschoolers or toddlers, depending on their level of development.**

Day Care Home "Preschool age" means children birth to 5 years of age and children 5 years old who do not attend full day kindergarten.

Group Day Care Home "Preschool age" means children birth to 5 years of age and children 5 years old who do not attend full day kindergarten.

d. School-Age. Describe: **Center "School-age" means a child up to 18 years of age who is enrolled in 1st grade or higher. Children attending kindergarten may be considered either preschool or school-age.**

Day Care Home "School age" means children from 5 to 12 years of age.

Group Day Care Home "School age" means children 5 to 12 years of age.

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1 to 4**

Group size: **Max 12**

ii. Toddler.

Ratio: **1 to 5**

Group size: **Max 15**

iii. Preschool.

Ratio: **1 to 8 (Two years of age) Group size: Max 16**

1 to 10 (three years of age) Max 20

1 to 10 (four years of age) Max 20

1 to 20 (five years of age) Max 20

Group size: **Twos 16**

Three's 20

Four's 20

Five Preschoolers 20

iv. School-Age.

Ratio: **1 to 20**

Group size: **30**

v. Mixed-Age Groups (if applicable).

Ratio: **Whenever children of different ages are combined, the staff/child ratio shall be based on the age of the youngest child in the group.**

If the youngest child in the mixed group is an infant. the ratio is 1 to 4.

If the youngest child in the mixed group is a toddler. The ratio is 1 to 5.

If the youngest child in the mixed group is 2 years old, the ratio is 1 to 8.

If the youngest child in the mixed group is 3 years old, the ratio is 1 to 10.

If the youngest child in the mixed group is 4 years old, the ratio is 1 to 10.

If the youngest child in the mixed group is 5 years old, the ratio is 1 to 20.

If the youngest child in the mixed group is school age, the ratio is 1 to 20.

Group size: **Whenever children of different ages are combined, as allowed by Section 407.190(d) below, the staff/child ratio and maximum group size shall be based on the age of the youngest child in the group.**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **1 to 2**

Group size: **2**

ii. Toddler (if applicable)

Ratio: **1 to 8**

Group size: **8 max**

iii. Preschool (if applicable)

Ratio: **1 to 8**

Group size: **8 max**

iv. School-Age (if applicable)

Ratio: **1 to 8**

Group size: **8 max**

v. Mixed-Age Groups

Ratio: **1:3 (under the age of 24 months, if no more than 5 children are under the age of 5),**
1:2 (under the age of 30 months if no more than 6 children are under the age of 5.)

Group size: **Up to 8 children under the age of 12, of which up to 5 children may be under the age of 5, of which up to 3 children may be under 24 months of age.**

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Regardless of age, no more than three children may be cared for, including the provider's own children, or may care for all children from a single household, allowing the provider to care for more than 3 children.**

[ ] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **NA**

Group size: **NA**

ii. Toddler (if applicable)

Ratio: **NA**

Group size: **NA**

iii. Preschool (if applicable)

Ratio: **NA**

Group size: **NA**

iv. School-Age (if applicable)

Ratio: **NA**

Group size: **NA**

v. Mixed-Age Groups (if applicable)

Ratio: **NA**

Group size: **NA**

f. Are any of the responses above different for license-exempt in-home care?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **Regardless of age, no more than three children may be cared for, including the provider's own children, or may care for all children from a single household, allowing the provider to care for more than 3 children.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children

in care: **Section 407.100 General Requirements for Personnel and Section 407.140 - Qualifications for Early Childhood Teachers and School-age Workers shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. Shall be at least 19 years of age, have a high school diploma or equivalency certificate (GED). Shall have achieved one of the following: 1)sixty semester hours (or 90 quarter hours) of credits from an accredited college/university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 2)one year (1,560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and 30 semester hours (or45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 3) completion of credentialing programs approved by the Department in accordance with Appendix G of The Day Care Licensing Standards.**

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Day care centers licensed for more than 50 children shall employ a full-time child care director, for 50 or fewer children or half-day programs with children attending no more than 3 consecutive hours per day, may employ a child care director who also serves as a member of the child care staff. When the director serves in both capacities, must meet the qualifications of both the director and teaching positions. The child care director shall be 21 years of age, have a high school diploma or equivalency (GED). Shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. Shall have achieved one of the following:**

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

2) two years (3,120 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center, 30 semester or 45 quarter hours of college credit with 10 semester or 15 quarter-hours in courses related directly to childcare and/or child development, and proof of enrollment in an accredited college or university until 2 years of college have been achieved. A total of 18 semester or 27 quarter hours in courses related directly to childcare and/or child development is required to be obtained within the total 2 years of college, or

3) completion of a credentialing program approved, completion of 12 semester or 18 quarter hours in courses related to childcare and/or child development from birth to age 6 at an accredited college or university, and 2 years (3,120 clock hours) child development experience in a nursery school, kindergarten or licensed day care center.

The childcare director of a facility serving more groups of school-age children than groups of pre-school shall have achieved:

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

2) Two years (3,120 clock hours) of child development experience in a recreational program, kindergarten, or licensed day care center serving school age children, or license exempt school-age child care program operated by a public or private school, 30 semester or45 quarter hours of college credits with 10 semester or 15 quarter hours in courses related directly to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, and proof of enrollment in an accredited college or university until 2 years of college have been achieved. A total of 18 semester or 27 quarter hours in courses related directly to childcare and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children, is required to be obtained within the total 2 years of college credits. When a program serves only school-age children, the director shall be 21 years of age, and shall have: Sixty semester or 90 quarter hours of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, and at least 1560 clock hours of child development experience in a recreational program or a licensed day care center serving school-age children. Effective 7-1-17, all new child care directors hired on or after July 1, 2017 shall have a minimum of an associate's degree in child development or early childhood education, or the equivalent (defined as 64 semester hours in any discipline with a minimum of 21 semester hours of college credit in child development or early childhood special education) and either a Gateways to Opportunity Level 1 Illinois Director Credential or 3 semester hours of college credit or 3 points of credential-approved training in administration, leadership or management.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: The caregivers in a day care home shall be 18 years of age and in a group day care home shall be at least 21 years of age. Shall have a

high school diploma or equivalent certificate, CPR, First Aid and Heimlich Maneuver Training, a basic course of 6 or more clock hours in providing care to children with disabilities, 15 hours of pre-service training prior to application, and 15 hours of annual in-service training, SIDS, SUID, Shaken Baby and Safe Sleep training, Mandated Reporter training, and instructions on Lead Hazards and Lead in Water. Adult members in contact with children shall be stable, law abiding, responsible, mature individuals. Shall treat children with respect, courtesy, and patience. Shall exhibit competence in knowledge of basic hygiene, ability to communicate with children, ability to set realistic controls for children, using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children, and others. Shall have tuberculin skin test administered by the Mantoux method in accordance with the rules of the Department of Public Health. Shall make mealtimes a pleasurable experience to the children at all times and drinking water shall be readily available to the children at all times. Shall encourage children to try new foods but not forced to. Shall have achieved: 1) One year(1,560 clock hours) child development experience in a licensed day care home, nursery, school, kindergarten, or licensed day care center plus 6 semester or equivalent quarter hours in courses related directly to child care and/or child development from an accredited college or university, one year(30 semester hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development, or 2) completion of a credentialing program approved in accordance with Appendix F of Part 408.35.

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Age 18 or older, completion of all required health and safety training topics, clearance of all required background checks, cooperation with visits from health and safety coaches.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **Age 18 or older, completion of all required health and safety training topics, clearance of all required background checks, cooperation with visits from health and safety coach.**

b. License-exempt home-based child care. **Age 18 or older, completion of all required health and safety training topics, clearance of all required background checks, cooperation with visits from health and safety coach.**

c. License-exempt in-home care (care in the child's own home). **Age 18 or older, completion of all required health and safety training topics, clearance of all required background checks, cooperation with visits from health and safety coach.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensing standards for licensed day care center providers Special Requirements for Infants and Toddlers - A center receiving children within the infant and toddler age range shall comply with standards for all day care centers, except when inconsistent with the special requirements prescribed by this rule.**

A center serving infants and toddlers shall have a licensed physician, registered nurse, licensed practical nurse or licensed physician's assistant with training in infant care to instruct child care staff in the proper health care of infants and toddlers. The person shall visit the facility to observe the child care techniques of the staff and provide in-service training. Visits shall be at least weekly during the permit period and monthly thereafter.

Health Requirements for Children attending licensed facilities are required to be incompliance with 407.310 of the Day Care Licensing standards

Medical reports are required on forms that are prescribed by the Lead Agency and shall be on file for each child.

1) The initial medical report shall be dated less than 6 months prior to enrollment of infants, toddlers, and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy. If a health problem is suspected, the day care center may require additional documentation of the child's health status.

2) If a child transfers from one day care center to another, the medical report may be used at the new center if it is less than one year old. In such a case, the center the child is leaving shall maintain a copy of the child's medical form and return the original to the parent.

3) The medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center.

4) The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (http://www.idph.state.il.us).

5) If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school.

6) The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

7) In accordance with the Child Care Act, a parent may request that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for waiver shall be in writing, signed by the parent or parents, and kept in the child's record.

8) Exceptions made for children who should not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form.

9) Day care centers shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public Health rules (77 Ill. Adm. Code 695.40, List of Non-Immunized Child Care Facility Attendees or Students). The number of non-immunized children on the list shall be available to parents who request it.

10) Medical records shall be dated and signed by the examining physician, advance practice nurse (APN) who has a written collaborative agreement with a collaborating physician authorizing the APN to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician, and include the name, address and

telephone number of the physician responsible for the child's health care.

b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690) shall be excluded from the center.

c) Children shall be screened upon arrival daily for any obvious signs of illness. If symptoms of illness are present, the child care staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present and facilities available to care for the ill child.

1) Children with diarrhea and those with a rash combined with fever (oral temperature of 101º F or higher or under the arm temperature of 100º F or higher) shall not be admitted to the day care center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

2) Children need not be excluded for a minor illness unless any of the following

exists, in which case exclusion from the day care center is required:

Illness that prevents the child from participating comfortably in program activities;

Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;

Fever with behavior change or symptoms of illness;

Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;

Diarrhea;

Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration;

Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;

Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;

Purulent conjunctivitis, until 24 hours after treatment has been initiated;

Impetigo, until 24 hours after treatment has been initiated;

Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;

Head lice, until the morning after the first treatment;

Scabies, until the morning after the first treatment;

Chicken pox (varicella), until at least 6 days after onset of rash;

Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;

Mumps, until 9 days after onset of parotid gland swelling;

Measles, until 4 days after disappearance of the rash; or

Symptoms that may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

e) Space shall be provided for a child who becomes ill at the center. The space shall be ventilated and heated, within sight and hearing of an adult and equipped with a cot and materials that can be easily cleaned and sanitized. f) The center shall report any known or suspected case or carrier of communicable disease to local health authorities and comply with the Illinois Department of Public Health's Control of Communicable Diseases Code (77 Ill. Adm. Code 690). The center shall maintain a file of reported illnesses that may indicate possible infectious disease.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes, and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

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a) The caregiver shall conduct a daily, pre-admissions screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the caregiver shall determine whether to provide care for the child, depending upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child.

b) Children with diarrhea and those with a rash combined with fever (oral temperature of 101 degrees Fahrenheit or higher or under the arm temperature of 100 degrees Fahrenheit or higher) shall not be admitted to the day care home

while these symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

c) A medical report, on forms prescribed by the Department, shall be on file for each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.

1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27.8-1 of the School Code [105 ILCS 5/27-8.1], provided copies of the exam are on file at the facility.

2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when the children in high-risk groups begin elementary and secondary school.

3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.

4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

5) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.

6) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin tests shall be so indicated by the physician on the child's medical form.

d) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690.1000) shall be excluded from the home until the Illinois Department of Public Health or local health department authorized by it states, in writing, that the communicable, contagious or infectious

stage of the disease has passed and that the child may be re-admitted to the day care home.

e) Necessary medications shall be administered according to specific written instructions provided by the child's parents or guardians.

1) Prescription medicine labels must bear the child's name, the physician's

name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering.

2) Non-prescription medication may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and, except for aspirin and aspirin substitutes, shall be labeled with the child's name and dated.

3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child.

4) The caregiver shall maintain a record of the dates, hours and dosages that are given.

5) Medication shall be returned to the parents when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication that has reached its expiration date shall be destroyed.

6) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

f) In order to reduce the risk of infection or contagion to others, space must be provided in the day care home for the isolation and observation of a child who becomes ill. An ill child shall be provided a bed or cot away from other children and a caregiver or assistant shall supervise the child at all times he/she is in the home.

g) When a day care home admits ill or injured children, a plan for the care of such children must be agreed upon with the parents to assure that the needs of the children for rest, attention, personal care and administration of prescribed medication are met. No child requiring exclusion from the home in accordance with 77 Ill. Adm. Code 690 may be admitted.

h) Personal hygiene standards, such as the following, shall be observed:

1) Each child shall be provided with an individual towel, washcloth, and drinking cup. Single-use, disposable articles are acceptable.

2) A separate sleeping arrangement, such as a bed, cot, crib, or playpen, with individual bedding, shall be provided for each child who naps or sleeps while in care. A twin size bed may be used for 2 children under age 4, provided each child shall have individual sheets.

A) The bed shall be kept in a clean and sanitary condition at all times, and bedding shall be suitable for the season.

B) Family beds may be used for children if separate linens are used.

C) Rubber sheets shall be used when necessary.

3) The caregiver shall require parents to supply clothing suitable to weather conditions, as well as a complete change of clothing in case of need.

4) Caregivers and children shall use soap and running water to wash their hands

before meals, after toileting, after diaper changing, and after contact with respiratory secretions. Hand sanitizers or diaper wipes are not an acceptable substitute for soap and running water. Caregivers shall always supervise children's hand washing to ensure that children are not scalded by hot water. 5) Open cuts, sores or lesions on caregivers or children shall be covered.

6) Caregivers shall wash their hands with soap and water prior to food preparation and after any physical contact with a child during food preparation. Hands shall be dried using single-use towels.

7) Sheets shall be changed when soiled and at least weekly.

8) Clothing soiled due to toilet accidents shall be changed immediately

i) Caregivers shall take reasonable measures to reduce the spread of communicable disease among children in the facility by observing such procedures as:

1) Using only washable toys with diapered children;

2) Washing washable toys at least once per day;

3) Cleaning facility-provided stuffed toys;

4) Washing toys mouthed by one child before they are used by another child; and

5) Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.

j) There shall be an emergency plan for each child in case of accident or sudden illness.

1) The caregiver shall have available at all times the name, address, and telephone number where the child's parents or guardian, relative, friend, or physician, and the Department can be reached.

2) There shall be a planned source of readily available emergency medical care: a hospital emergency medical room, clinic, or the child's physician.

3) When the caregiver accompanies a child to the source of emergency care, an adult who meets the standards prescribed by Section 406.11 must assume supervision of other children in the home.

4) In case of illness or accident, the parent, guardian, or supervising agency responsible for the child shall be notified immediately, and the child shall be removed from the home as soon as possible.

k) Children shall be supervised at all times. All children in the home shall be protected from exploitation, neglect, and abuse.

Section 408.30 General Requirements for Group Day Care Homes

e) Indoor space shall consist of a clean, comfortable environment for children. 1) The group day care home shall be well-ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards. 2) The dwelling

shall be kept clean, sanitary, and in good repair. 3) There shall be provision for isolating a child who becomes ill or who is suspected of having a communicable, infectious or contagious disease.

Section 408.35 General Requirements for Group Day Care Home Family

f) The caregivers and all members of the household shall provide medical evidence that they are free of communicable disease that may be transmitted while providing child care; and, in the case of caregivers, that they are free of physical or mental conditions that could interfere with child care responsibilities. The medical report for the caregivers shall be valid for 3 years.

g) Caregivers and members of the household shall have a tuberculin skin test administered by the Mantoux method in accordance with the rules of the Department of Public Health (77 Ill. Adm. Code 690.720).

h) Should the caregivers or any member of the household be diagnosed as having a communicable disease for which isolation is required by the Department of Public Health (IDPH) or local health department, the group day care home shall not provide child care until notified by the public health agency that the infectious period has elapsed and that child care may resume. Further, if a child care assistant or substitute who does not reside in the group day care home has been diagnosed as having a communicable disease for which isolation is required, that

person shall be barred from the home until the presence of such person is authorized by the IDPH or the local health department.

Section 408.50 Child Care Assistants

h) Assistants shall provide medical evidence that they are free of reportable communicable disease and physical or mental conditions that could interfere with child care responsibilities. The medical report shall be valid for three years.

Section 408.60 Enrollment and Discharge Procedures

c) No child under 6 years of age may be admitted to the group day care home unless the health examination, complete with lead risk assessment if the child resides in an area defined as low risk by the Department of Public Health, or a screening for lead poisoning if the child resides in an area defined as high risk by DPH (see 77 Ill. Adm. Code 845 (Lead Poisoning Prevention Code)), has been completed as required by DPH rules at 77 Ill. Adm. Code 665 (Child Health Examination Code).

f) The caregivers shall conduct a daily, preadmissions screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the caregiver shall determine whether or not to provide care for the child, depending upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child in accordance with the requirements of Section 408.70.

g) Children with diarrhea and those with rash combined with fever (oral temperature of 100 degrees Fahrenheit or higher) shall not be admitted to the group day care home while these symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

Section 408.70 Health, Medical Care and Safety

a) A medical report, on forms prescribed by the Department, shall be on file for each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.

1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], provided copies of the exam are on file at the facility.

2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in high risk groups begin elementary and secondary school.

3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.

4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

5) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.

6) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin tests shall be so indicated by the physician on the child's medical form.

b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Disease (77 Ill. Adm. Code 690.1000) shall be excluded from the home until the Illinois Department of Public Health or local health department authorized by it states, in writing, that the communicable, contagious or infectious stage of the disease has passed and that the child may be re-admitted to the group day care home.

c) Necessary medications shall be administered according to specific written instructions from the child's parents or guardians.

1) Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering.

2) Nonprescription medication provided by the parents may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and shall be labeled with the child's name and dated.

3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child.

4) The caregiver shall maintain a record of the dates, hours and dosages that are given.

5) Medication shall be returned to the parents when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication that has reached its expiration date shall be destroyed.

6) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

d) Personal hygiene standards, such as the following, shall be observed:

1) Each child shall be provided with an individual towel, washcloth, and drinking cup. Single-use, disposable articles are acceptable.

2) A separate sleeping arrangement, such as a bed, cot, crib, or playpen with individual bedding, shall be provided for each child who sleeps or naps while in care. A twin size bed may be used for 2 children under age 4, provided each child shall have individual sheets.

A) The bed shall be kept in a clean and sanitary condition at all times, and bedding shall be suitable for the season.

B) Family beds may be used for children if separate linens are used.

C) Rubber sheets shall be used when necessary.

3) The caregiver shall require parents to supply clothing suitable to weather conditions, as well as a complete change of clothing in case of need.

4) Caregivers and children shall use soap and running water to wash their hands before meals, after toileting, after diaper changing, and after contact with respiratory secretions. Hand sanitizers or diaper wipes are not an acceptable substitute for soap and running water. Caregivers shall supervise children's hand-washing to ensure that children are not scalded by hot water.

5) Open cuts, sores or lesions on caregivers or children shall be covered.

6) Caregivers shall wash their hands with soap and water prior to food preparation and after any physical contact with a child during food preparation. Hands shall be dried using single-use towels.

7) Sheets shall be changed when soiled and at least weekly.

8) Clothing soiled due to toilet accidents shall be changed immediately.

e) In order to reduce the risk of infection or contagion to others, there must be

space provided in the group day care home for the isolation and observation of a child who becomes ill. An ill child shall be provided a bed or cot away from other children and a caregiver or assistant shall supervise the child at all times he/she is in the home.

f) When a group day care home admits ill or injured children, a plan for the care of such children must be agreed upon with the parents to assure that the needs of the children for rest, attention, personal care and administration of prescribed medication are met. No child requiring exclusion from the home in accordance with 77 Ill. Adm. Code 690 may be admitted.

g) Caregivers shall take reasonable measures to reduce the spread of communicable disease among children in the facility by observing such procedures as: 1) Using only washable toys with diapered children; 2) Washing washable toys at least once per day; 3) Cleaning facility-provided stuffed toys; 4) Washing toys mouthed by one child before they are used by another child; and 5) Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.

h) There shall be an emergency plan for each child in case of accident or sudden illness. 1) The caregiver shall have available at all times the name, address, and telephone number where the child's parents or guardian, relative, friend, or physician, and the Department can be reached. 2) There shall be a planned source of readily available emergency medical care; a hospital emergency medical room, clinic, or the child's physician. 3) When the caregiver accompanies a child to the source of emergency care, an adult who meets the standards prescribed by Section 408.55 must assume supervision of other children in the home. 4) In case of illness or accident, the parent, guardian, or supervising agency responsible for the child shall be notified immediately.

Section 408.85 Program a) The caregiver and parent shall discuss the child's health, development, behavior and activities to ensure consistency in planning for the child.

Section 408.105 Children Under 30 Months of Age

f) A germicidal solution of ¼ cup household chlorine bleach to one gallon of water (or one tablespoon bleach to one quart of water) or other germicidal solution approved by the Centers for Disease Control and Prevention shall be used to clean surfaces soiled by blood or body fluids. The bleach solution shall be made fresh daily.

Section 408.120 Records and Reports

4) Accidents or illnesses which have occurred to the child at the facility shall be recorded in the file. When a child is not permitted to attend the facility because of an accident or illness, the date of readmission to the facility shall be recorded.

f) The caregiver shall immediately notify the Department of the death of any child at the facility; a child is missing from the group day care home; any illness or injury of a child resulting in medical treatment or hospitalization, and any known or suspected case or carrier or a reportable contagious, infectious, or communicable disease among children, staff or members of the household.

m) The facility shall promptly report any known or suspected case or carrier of communicable disease to local health authorities, and shall comply with the Illinois Department of Public Health's rules for the Control of Communicable Diseases (77 Ill. Adm. Code 690).

o) A medical record for each child, on forms provided by the Department, shall be maintained at the facility, dated no earlier than 6 months prior to enrollment, and signed by the examining physician, an advance practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advance practice nurse to perform health examinations, a physician assistant who has been delegated the performance of health examinations by the supervising physician; or the medical record is certified by a recognized health facility.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standard precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. Children medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead

poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standard precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. Children medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standard precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. Children medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the

Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standard precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. Children medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low

risk by the Illinois Department of Public Health).

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

Section 407.310 Health Requirements for Children

a) A medical report on forms prescribed by the Department shall be on file for each child.

1) The initial medical report shall be dated less than 6 months prior to enrollment of infants, toddlers and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than 6 months old) or the day care center may require

a more recent medical report by its own enrollment policy. If a health problem is suspected, the day care center may require additional documentation of the child's health status.

2) If a child transfers from one day care center to another, the medical report may be used at the new center if it is less than one year old. In such a case, the center the child is leaving shall maintain a copy of the child's medical form and return the original to the parent.

3) The medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center.

4) The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (http://www.idph.state.il.us).

Administrative Rules of the Illinois Department of Public Health

77 Ill. Adm. Code 695, Immunization Code

5) If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school.

6) The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

7) In accordance with the Child Care Act, a parent may request that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for waiver shall be in writing, signed by the parent or parents, and kept in the child's record.

8) Exceptions made for children who should not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form.

9) Day care centers shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public

Health rules (77 Ill. Adm. Code 695.40, List of Non-Immunized Child Care Facility Attendees or Students). The number of non-immunized children on the

list shall be available to parents who request it.

10) Medical records shall be dated and signed by the examining physician, advance practice nurse (APN) who has a written collaborative agreement with a collaborating physician authorizing the APN to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician, and include the name, address and telephone number of the physician responsible for the child's health care.

Administrative Rules of the Illinois Department of Public Health 77 Ill. Adm. Code 695, Immunization Code.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 406.14 Health, Medical Care and Safety**

c) A medical report, on forms prescribed by the Department, shall be on file for

each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.

1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27.8-1 of the School Code [105 ILCS 5/27-8.1], provided copies of the exam are on file at the facility.

2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when the children in high-risk groups begin elementary and secondary school.

3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.

4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

5)In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.

6) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin tests shall be so indicated by the physician on the child's medical form.

Section 406.24 Records and Reports

a) Records as required by this Part shall be maintained and available for review by the Department.

b) Information about the child and family shall be confidential as required by Section 406.25.

c) There shall be a record of identifying information as required in Section 406.12(b)(3) on each child received at the time the child is accepted into the

home.

d) A medical report for each child, on forms provided by the Department, shall be maintained at the facility, dated no earlier than 6 months prior to enrollment, and signed by the examining physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advance practice nurse to perform health examinations, or a physician assistant who has been delegated the performance of health examinations by the supervising physician; or certified by a recognized health facility.

1) The medical report shall be valid for 2 years except that subsequent exams for school age children shall be in accordance with the Illinois School Code requirements, provided that copies of the exam are on file at the facility.

2) If a child is in a high risk group, as determined by the examining physician, a tuberculin test shall be included in the initial exam and when the child enters elementary and secondary school.

3) The reports shall indicate that the child has been immunized as required by Rules and Regulations of the Illinois Department of Public Health for immunizations. These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 695.50 of the Department of Public Health.

4) The report shall include a statement on any physical limitations.

5) Exceptions made for children who for medical reasons should not be subjected to immunizations or a tuberculin test shall be so indicated by the physician on the child's medical form.

h) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for waiver shall be in writing, signed by the parent, and kept in the child's record.

i) Members of the household, regular substitutes, and assistants shall have a complete physical examination. The medical reports shall be submitted on forms provided by the Department.

1) The report shall be based on an examination that occurred no earlier than 6 months prior to application, with a tuberculin test to be included in the initial exam only. If the skin test is positive, a chest x-ray is required.

2) Immunizations and the tuberculin test for an infant shall be given at the discretion of the physician.

3) The caregivers and assistants shall be found free of communicable diseases and

shall be physically and emotionally fit to care for young children.

Section 408.70 Health, Medical Care and Safety

a) A medical report, on forms prescribed by the Department, shall be on file for each child, on the first day of care, and shall be dated no earlier than 6 months prior to enrollment.

1) The medical report shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], provided copies of the exam are on file at the facility.

2) If the child is in a high risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in high risk groups begin elementary and secondary school.

3) The initial examination shall show that children from 6 months through 6 years of age have been screened for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.

4) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations (77 Ill. Adm. Code 695). These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, tetanus, hepatitis B, haemophilus influenza B, and varicella (chickenpox) or provide proof of immunity according to requirements in Part 695.50 of the Department of Public Health.

5) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.

6) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin tests shall be so indicated by the physician on the child's medical form.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Copies of the examination are on file at the day care center. The medical report shall indicate**

that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by

the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules ((http://www.idph.state.il.us) http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

Section 407.100 General Requirements for Personnel

7) If the facility is licensed to care for newborns and infants, all newly hired day care center staff shall take and complete the Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome (SBS) trainings within 30 days after hire.

8) Every 3 years, all child care staff in a facility licensed to care for newborns and infants, including the day care center director, shall receive training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.

Section 407.120 Personnel Records

e) The day care center shall maintain written documentation of the following:

5) If the center is licensed to serve infants, current training certificates and attendance records that the day care center director, and other staff as required, have completed DCFS-approved trainings on SIDS, SUID, SBS and the safe sleep recommendations of the American Academy of Pediatrics.

Section 407.130 Qualifications for Child Care Director

h) Persons who were deemed qualified to serve as a child care director prior to January 1, 1985, continue to be deemed qualified for their position. Directors deemed qualified must still have current Mandated Reporter Training, SIDS, SUID, SBS and other training certificates as required in this Part.

Section 407.350 Napping and Sleeping

i) To minimize the risk of sudden infant death syndrome, children shall be placed on their backs when put down to sleep according to the following guidelines:

1) When the infant cannot rest or sleep on his or her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position or special sleeping arrangements for the infant. The caregiver shall put the infant to sleep in accordance with a physician's written instructions;

Section 406.4 Application for License

2) The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix D, which shall include the following topics for applicants and assistants who will care for infants:

A) Sudden Infant Death Syndrome (SIDS);

B) Sudden Unexpected Infant Death (SUID);

C) Safe sleep recommendations from the American Academy of Pediatrics;

D) Shaken Baby Syndrome; and

E) Department approved Mandated Reporter Training for all licensees and assistants, regardless of the age of children in care.

Section 406.5 Application for Renewal of License

e) Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix D that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics:

1) Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and

2) Shaken Baby Syndrome.

Section 406.APPENDIX D Pre-Service and In-Service Training

12) Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants and assistants to care for newborns and infants, and every three years thereafter for the life of the license) 13) service obligations under the federal Americans With Disabilities Act (ADA) 14) Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license) 15) Department-approved Mandated Reporter Training (available on the Department's website; training is required for new applicants and assistants) 16) Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

c) Training

H) viewing of the approved video offered by the National Institutes of Health Back to Sleep Campaign for SIDS and sleeping position of infants

Section 406.22 Children Under 30 Months of Age

a) Children under 30 months of age shall not be permitted in bathrooms, kitchens, or other hazardous areas without the caregiver or assistant present. b) To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on their backs when put down to sleep.

1) When the infant cannot rest or sleep on his/her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or special sleeping arrangements for the infant. The caregiver shall put the infant to sleep in accordance with a

physician's written instructions.

2) When an infant can easily turn over from the back to tummy position, the infant shall be put down to sleep on his/her back, but allowed to adopt

whatever sleeping position the infant prefers.

3) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs.

4) No infant shall be put to sleep on a sofa, soft mattress, car seat or swing.

5) When an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times.

Section 408.10 Application for License

2) The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix G, which shall include the following topics for applicants and assistants who will care for infants:

A) Sudden Infant Death Syndrome (SIDS);

B) Sudden Unexpected Infant Death (SUID);

C) Safe sleep recommendations from the American Academy of Pediatrics;

D) Shaken Baby Syndrome; and

E) Department approved Mandated Reporter Training for all licensees and assistants regardless of the age of children in care.

Section 408.15 Application for Renewal of License

e) Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix G that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics:

1) Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and

2) Shaken Baby Syndrome.

Section 408.APPENDIX G Pre-Service and In-Service Training

12) Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants to care for newborns and infants, and every three years thereafter for

the life of the license)

16) Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

c) Training

H) viewing of the approved video offered by the National Institutes of Health Back to Sleep Campaign for SIDS and sleeping position of infants

Section 408.70 Health, Medical Care and Safety

Section 408.105 Children Under 30 Months of Age

b) To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on their backs when put down to sleep.

1) When the infant cannot rest or sleep on his/her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or special sleeping arrangements for the infant. The caregiver shall place the infant to sleep in accordance with a physician's written instructions.

2) When an infant can easily turn over from the back to tummy position, the infant shall be put down to sleep on his/her back, but allowed to adopt whatever sleeping position the infant prefers.

3) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs. 4) No infant shall be put to sleep on a sofa, soft mattress, car seat or swing.

5) When an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

Section 406.4 Application for License

2) The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix D, which shall include the following topics for applicants and assistants who will care

for infants:

A) Sudden Infant Death Syndrome (SIDS);

B) Sudden Unexpected Infant Death (SUID);

C) Safe sleep recommendations from the American Academy of Pediatrics;

D) Shaken Baby Syndrome; and

E) Department approved Mandated Reporter Training for all licensees and assistants, regardless of the age of children in care.

Section 406.5 Application for Renewal of License

e) Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix D that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics:

1) Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and

2) Shaken Baby Syndrome.

Section 406.APPENDIX D Pre-Service and In-Service Training

12) Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants and assistants to care for newborns and infants, and every three years thereafter for the life of the license) 13) service obligations under the federal Americans With Disabilities Act (ADA) 14) Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license) 15) Department-approved Mandated Reporter Training (available on the Department's website; training is required for new applicants and assistants) 16) Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

c) Training

H) viewing of the approved video offered by the National Institutes of Health Back to Sleep Campaign for SIDS and sleeping position of infants

Section 406.22 Children Under 30 Months of Age

a) Children under 30 months of age shall not be permitted in bathrooms, kitchens, or other hazardous areas without the caregiver or assistant present. b) To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on

their backs when put down to sleep.

1) When the infant cannot rest or sleep on his/her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or special sleeping arrangements for the infant. The caregiver shall put the infant to sleep in accordance with a physician's written instructions.

2) When an infant can easily turn over from the back to tummy position, the infant shall be put down to sleep on his/her back, but allowed to adopt

whatever sleeping position the infant prefers.

3) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs.

4) No infant shall be put to sleep on a sofa, soft mattress, car seat or swing.

5) When an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times.

Section 408.10 Application for License

2) The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix G, which shall include the following topics for applicants and assistants who will care for infants:

A) Sudden Infant Death Syndrome (SIDS);

B) Sudden Unexpected Infant Death (SUID);

C) Safe sleep recommendations from the American Academy of Pediatrics;

D) Shaken Baby Syndrome; and

E) Department approved Mandated Reporter Training for all licensees and assistants regardless of the age of children in care.

Section 408.15 Application for Renewal of License

e) Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix G that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics:

1) Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and

2) Shaken Baby Syndrome.

Section 408.APPENDIX G Pre-Service and In-Service Training

12) Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants to care for newborns and infants, and every three years thereafter for the life of the license)

16) Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

c) Training

H) viewing of the approved video offered by the National Institutes of Health Back to Sleep Campaign for SIDS and sleeping position of infants

Section 408.70 Health, Medical Care and Safety

Section 408.105 Children Under 30 Months of Age

b) To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on their backs when put down to sleep.

1) When the infant cannot rest or sleep on his/her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or special sleeping arrangements for the infant. The caregiver shall place the infant to sleep in accordance with a physician's written instructions.

2) When an infant can easily turn over from the back to tummy position, the infant shall be put down to sleep on his/her back, but allowed to adopt whatever sleeping position the infant prefers.

3) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs. 4) No infant shall be put to sleep on a sofa, soft mattress, car seat or swing.

5) When an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Section 4 of our Health and Safety Standards Checklist outlines Safe Sleep Practices. 4a Infant sleeps alone in a crib, bassinet, or pack and play (birth-15 months); 4B, Sleeping item (crib, bassinet, or pack and play) meet current safety standards; 4C Infant is**

placed on their back to sleep (birth-15 months), 4D Provider offers safe sleep environment, which includes a firm safe sleep surface; no pillows, toys, blanket, crib bumpers, etc.; 4E The sleeping area has a window that serves as a second exit out of the home; 4F Sleeping infants are within hearing distance of the provider. Additionally, in our child Care Assistance Policy Manual under Section 05.01.03 CCAP Provider I. 2. Health and Safety Requirements Prevention of sudden infant death syndrome and use of safe sleeping practices
Child care provider must ensure that safe sleep practices for all children are followed. All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall asleep in other locations such as a swing or car seat must be moved immediately. Documentation: A parent must provide a documented medical reason signed by a physician if an infant is to be placed to sleep in a position other than his or her back.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Section 4 of our Health and Safety Standards Checklist outlines Safe Sleep Practices. 4a Infant sleeps alone in a crib, bassinet, or pack and play (birth-15 months); 4B, Sleeping item (crib, bassinet, or pack and play) meet current safety standards; 4C Infant is placed on their back to sleep (birth-15 months), 4D Provider offers safe sleep environment, which includes a firm safe sleep surface; no pillows, toys, blanket, crib bumpers, etc.; 4E The sleeping area has a window that serves as a second exit out of the home; 4F Sleeping infants are within hearing distance of the provider. Additionally, in our child Care Assistance Policy Manual under Section 05.01.03 CCAP Provider I. 2. Health and Safety Requirements Prevention of sudden infant death syndrome and use of safe sleeping practices
Child care provider must ensure that safe sleep practices for all children are followed. All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall asleep in other locations such as a swing or car seat must be moved immediately. Documentation: A parent must provide a documented medical reason signed by a physician if an infant is to be placed to sleep in a position other than his or her back.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Section 4 of our Health and Safety Standards Checklist outlines Safe Sleep Practices. 4a Infant sleeps alone in a crib, bassinet, or pack and play (birth-15 months); 4B, Sleeping item (crib, bassinet, or pack and play) meet current safety standards; 4C Infant is placed on their back to sleep (birth-15 months), 4D Provider offers safe sleep environment, which includes a firm safe sleep surface; no pillows, toys, blanket, crib bumpers, etc.; 4E The sleeping area has a window that serves as a second exit out of the home; 4F Sleeping infants are within hearing distance of the provider. Additionally, in our child Care Assistance Policy Manual under Section 05.01.03 CCAP Provider I. 2. Health and Safety Requirements Prevention of sudden infant

death syndrome and use of safe sleeping practices
Child care provider must ensure that safe sleep practices for all children are followed. All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall asleep in other locations such as a swing or car seat must be moved immediately. Documentation: A parent must provide a documented medical reason signed by a physician if an infant is to be placed to sleep in a position other than his or her back.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Section 4 of our Health and Safety Standards Checklist outlines Safe Sleep Practices. 4a Infant sleeps alone in a crib, bassinet, or pack and play (birth-15 months); 4B, Sleeping item (crib, bassinet, or pack and play) meet current safety standards; 4C Infant is placed on their back to sleep (birth-15 months), 4D Provider offers safe sleep environment, which includes a firm safe sleep surface; no pillows, toys, blanket, crib bumpers, etc.; 4E The sleeping area has a window that serves as a second exit out of the home; 4F Sleeping infants are within hearing distance of the provider. Additionally, in our child Care Assistance Policy Manual under Section 05.01.03 CCAP Provider I. 2. Health and Safety Requirements Prevention of sudden infant death syndrome and use of safe sleeping practices
Child care provider must ensure that safe sleep practices for all children are followed. All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall asleep in other locations such as a swing or car seat must be moved immediately. Documentation: A parent must provide a documented medical reason signed by a physician if an infant is to be placed to sleep in a position other than his or her back.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.

Medication shall be administered in a manner that protects the safety of the child. 1) A specific staff person shall be designated to administer and properly document the dispensation of the medication each day. 2) Prescription medication shall be

administered as required by a physician, subject to the receipt of appropriate releases from parents which shall be on file and regularly updated. Prescription medication shall be used only for the child named on the label. 3) Over-the-counter medications may be dispensed in accordance with manufacturer's instructions when provided by the parent with written permission. 4) The day care center shall maintain a record of the dates, times administered, dosages, prescription number, if applicable, and the name of the person administering the medication. d) Medications shall be safely stored. 1) Medication containers shall have child-protection caps whenever possible. 2) All medication, whether refrigerated or unrefrigerated, shall be kept in locked cabinets or other containers that are inaccessible to children and that are designated and used only for this purpose. 3) Medications shall be kept in a well- lighted area. 4) Medications shall be kept out of the reach of children. 5) Medication shall not be kept in rooms where food is prepared or stored, unless refrigerated in a separate locked container. e) Medication shall not be used beyond the date of expiration. f) When a child no longer needs to receive medication, the unused portion or empty bottle shall be returned to the parent.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

Section 406.14 Health, Medical Care and Safety

e) Necessary medications shall be administered according to specific written instructions provided by the child's parents or guardians. 1) Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering. 2) Non-prescription medication may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and, except for aspirin and aspirin substitutes, shall be labeled with the child's name and dated. 3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child. 4) The caregiver shall maintain a record

of the dates, hours and dosages that are given. 5) Medication shall be returned to the parents when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication that has reached its expiration date shall be destroyed. 6) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

g) When a day care home admits ill or injured children, a plan for the care of such

children must be agreed upon with the parents to assure that the needs of the children for rest, attention, personal care and administration of prescribed medication are met. No child requiring exclusion from the home in accordance

with 77 Ill. Adm. Code 690 may be admitted.

Section 406.24 Records and Reports

e) There shall be signed consent forms from the parent or guardian including:

2) Permission to administer medication, if applicable.

Section 408.70 Health, Medical Care and Safety

c) Necessary medications shall be administered according to specific written instructions from the child's parents or guardians. 1) Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering. 2) Nonprescription medication provided by the parents may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and shall be labeled with the child's name and dated. 3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child. 4) The caregiver shall maintain a record of the dates, hours and dosages that are given. 5) Medication shall be returned to the parents when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication that has reached its expiration date shall be destroyed. 6) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

f) When a group day care home admits ill or injured children, a plan for the care of such children must be agreed upon with the parents to assure that the needs of the children for rest, attention, personal care and administration of prescribed medication are met. No child requiring exclusion from the home in accordance with 77 Ill. Adm. Code 690 may be admitted.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When

medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the- counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in**

the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed day care centers require parents upon enrollment to provide Written agreements and consents for the following shall be on file for each child for health care and treatment.**

Medication shall be administered in a manner that protects the safety of the child.

A specific staff person shall be designated to administer and properly document the dispensation of the medication each day. Prescription medication shall be administered as required by a physician, subject to the receipt of appropriate releases from parents which shall be on file and regularly updated. Prescription medication shall be used only for the child named on the label. Over-the-counter medications may be dispensed in accordance with manufacturer's instructions when provided by the parent with written permission. The day care center shall maintain a record of the dates, times administered, dosages, prescription number, if applicable, and the name of the person administering the medication.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensed family child care require written instructions provided by the child's parents or guardians to administer according to specific written instruction.**

Necessary medications shall be administered according to specific written instructions provided by the child's parents or guardians.

Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering. Non-prescription medication may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and, except for aspirin and aspirin substitutes, shall be labeled with the child's name and dated. There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child. The caregiver shall maintain a record of the dates, hours and dosages that are given.

There shall be signed consent forms from the parent or guardian including: Permission for emergency medical care and treatment if the parent is not readily

available. Permission to administer medication, if applicable.

Necessary medications shall be administered according to specific written instructions from the child's parents or guardians.

Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering. Nonprescription medication provided by the parents may be administered upon written parental permission that specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and shall be labeled with the child's name and dated. There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child. The caregiver shall maintain a record of the dates, hours and dosages that are given. Medication shall be returned to the parents when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication that has reached its expiration date shall be destroyed. Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

There shall be signed consent forms from the parent or guardian including: Permission for emergency medical care and treatment if the parent is not readily available. Permission to administer medication, if applicable.

The child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 3 General Health of the Health and Safety Standards Checklist outlines administration of medication in Standard 3C. This includes 3.c.1 Medication is kept locked and/or out of reach of children; 3.C.2 Provider has written parent's permission to administer medication, including prescription and over-the-counter; 3.C.3 Provider keeps a log of medication given to each individual child. Additionally in our Child Care Assistance Program Policy Manual under Section 05.01.03 CCAP Provider Health and Safety Standard Requirements I.3. -When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Plan for anaphylactic shock. The Department shall require each licensed day care center, day care home, and group day care home to have a plan for anaphylactic shock to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis. The plan should be based on the guidance and recommendations provided by the American Academy of Pediatrics relating to the management of food allergies or other allergies. The plan should be shared with parents or guardians upon enrollment at each licensed day care center, day care home, and group day care home. If a child requires specific specialized treatment during an episode of anaphylaxis, that child's treatment plan should be kept by the staff of the day care center, day care home, or group day care home and followed in the event of an emergency. Each licensed day care center, day care home, and group day care home shall have at least one staff member present at all times who has taken a training course in recognizing and responding to anaphylaxis.**

Provisions of this Section notwithstanding, a child requiring a special diet due to medical reasons, allergic reactions or religious beliefs shall be provided with meals and snacks according to the written instructions of the child's parents, clergy and/or the child's medical provider.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Plan for anaphylactic shock. The Department shall require each licensed day care center, day care home, and group day care home to have a plan for anaphylactic shock to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis. The plan should be based on the guidance and recommendations provided by the American Academy of Pediatrics relating to the management of food allergies or other allergies. The plan should be shared with parents or guardians upon enrollment at each licensed day care center, day care home, and group day care home. If a child requires specific specialized treatment during an episode of anaphylaxis, that child's treatment plan should be kept by the staff of the day care center, day care home, or group day care home and followed in the event of an emergency. Each licensed day care center, day care home, and group day care home shall have at least one staff member present at all times who has taken a training course in recognizing and responding to anaphylaxis.**

A child requiring a special diet due to medical reasons, allergic reactions, or religious beliefs shall be provided meals and snacks in accordance with the child's needs and the written instructions of the child's parent, guardian, or a licensed physician. Such instructions shall list any dietary restrictions/requirements and

shall be signed and dated by the child's parent, guardian or physician requesting the special diet. The group day care home may request the parent or guardian to supplement food served by the facility. When food is supplied by the parent or guardian, the facility shall be responsible for assuring that it is properly stored and served to the specific child in accordance with the diet instructions on file at the facility. Records of food intake shall be maintained when indicated by the child's physician.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around
children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around
children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include

specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions**
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions**
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following

CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Plan for anaphylactic shock. The Department shall require each licensed day care center, day care home, and group day care home to have a plan for anaphylactic shock to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis. The plan should be based on the guidance and recommendations provided by the American Academy of Pediatrics relating to the management of food allergies or other allergies. The plan should be shared with parents or guardians upon enrollment at each licensed day care center, day care home, and group day care home. If a child requires specific specialized treatment during an episode of anaphylaxis, that child's treatment plan should be kept by the staff of the day care center, day care home, or group day care home and followed in the event of an emergency. Each licensed day care center, day care home, and group day care home shall have at least one staff member present at all times who has taken a training course in recognizing and responding to anaphylaxis.**

Provisions Pertaining to Permits
The development of a plan for emergency medical care as required by all licensed provider types which should include how

Any accident or injury requiring professional medical care, death or other emergency involving a child shall be entered into the child's record and orally reported immediately to the child's parent or guardian and to the appropriate local licensing office of the Department. If the center is unable to contact the parent or guardian and the Department immediately, it shall document this fact in the child's record. Oral reports to the Department shall be confirmed in writing within 2 business days after the occurrence.

Provisions should be documented in their Enrollment and Discharge Procedures as well as to how
Provision for emergency medical care, treatment of illness and accidents, which includes: A plan to obtain prompt services of physician and hospitalization, if needed or a plan from the parent to access the services of a certified practitioner for a child exempt from medical care on religious grounds; and a plan for immediately notifying the parent of any illness, accident or injury to the child;

A written emergency plan shall be extended when a child is being transported as well, to be followed in case of accidents, serious illness, severe weather alerts, and other pertinent information shall be maintained. The emergency plan shall remain in the possession of the driver while in route.

When a child needs emergency care because of an accident or illness that occurs while the child is in care, the day care center shall attempt to contact the child's parent or parents at the phone numbers provided for that purpose. If unable to locate the parents, the day care center's attempts to do so shall be documented in the child's file.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **In licensed child family care there shall be an emergency plan for each child in case of accident or sudden illness. The caregiver shall have available at all times the name, address, and telephone number where the child's parents or guardian, relative, friend, or physician, and the Department can be reached. There shall be a planned source of readily available emergency medical care: a hospital emergency medical room, clinic, or the child's physician. When the caregiver accompanies a child to the source of emergency care, an adult who meets the standards prescribed by Section 406.11 must assume supervision of other children in the home. In case of illness or accident, the parent, guardian, or supervising agency responsible for the child shall be notified immediately, and the child shall be removed from the home as soon as possible.**

Records and reports shall be maintained that there shall be signed consent forms from the parent or guardian including permission for emergency medical care and treatment if the parent is not readily available.

The licensed facility should notify the supervising agency immediately by telephone, and in writing within one week, if any of the following situations involving children occurs at the facility: Accident or injury resulting in death or requiring emergency medical care;

A facility shall maintain a record file on the children enrolled. A written application for admission of each child shall be on file with the signature of the parent or guardian. An alphabetic card file or register on each child shall be maintained and shall include: Name, date of birth, and sex; Date of admission and discharge; Scheduled days and hours of care; Names of parents or guardians, home address and business address and telephone numbers, marital status, and the working hours of the parents or guardians; Name, address and telephone number of child's physician (or other person designated by parents who object to medical treatment on religious grounds); Names, addresses and telephone numbers of others authorized to pick up the child; Names, addresses, and telephone numbers of others to contact within the immediate area if parents or guardian cannot be contacted in case of emergency; and Information regarding the child's personal development, habits, medical needs, and other information critical to the child's well-being. There shall be signed consent forms from the parent or guardian including: Permission for emergency medical care and treatment if the parent is not readily available. Permission to administer medication, if applicable.

Accidents or illnesses which have occurred to the child at the facility shall be recorded in the file. When a child is not permitted to attend the facility because of an accident or illness, the date of readmission to the facility shall be recorded.

The group day care home shall enter in the child's record and orally report immediately to the child's parent, guardian, and the Department any serious occurrences involving children. Oral reports shall be confirmed in writing within 2 working days of the occurrence. If the home is unable to contact the parent, guardian or Department immediately, it shall document this fact in the child's record. These occurrences include serious accident or injury requiring extensive medical care or hospitalization; death; arrest; alleged abuse or neglect; major fire or other emergency situations.

A detailed treatment plan to be implemented in the event of an allergic

reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; confidentiality should be maintained in compliance with any laws or regulations.

iii. All CCDF-eligible licensed in-home care. Provide the standard::

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around
children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around
children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications

that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around**
children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 3.B.1 on the Health and Safety Standards Checklist outlines the following: Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around**
children's food allergies or other special requests in accordance with a plan developed by both the parent and provider. Additionally, in our Child Care Assistance Policy Manual in Section 05.01.03 CCAP Provider Health and Safety Standards Requirements, Prevention and response to emergencies due to food and allergic reactions
When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include:
Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; Confidentiality should be maintained in compliance with any laws or regulations.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pre-Service Training: To be conducted prior to caring for children unsupervised**
Orientation: To be completed within 30 to 90 days after first day of employment, as determined by Rule.

The center shall develop a written risk management plan that identifies potential operational risks, specifies ways to reduce or eliminate the risks and establishes procedures to be followed in an emergency or crisis. All staff shall be trained in the implementation of the plan. This risk management plan shall specifically address at least the following: training, including universal precautions, provided to staff to identify and minimize risks, particularly as it relates to the care and supervision of children; the design and maintenance of the building and any vehicles used in day care; maintenance and storage of food service and maintenance equipment, chemicals, and supplies, including an integrated pest management plan; selection, maintenance, and supervision of education materials, toys, pets, and playground equipment; food service sanitation; cleanliness of the building and grounds; means of receiving information to alert the center of severe weather conditions or other emergency situations that may affect the safety of the children; and emergency and disaster preparedness plans, including fire drills and evacuation plans.

Physical Plant/Indoor Space Partially exempt programs are exempt from these standards. Buildings used for day care center programs shall be in good shape and operable and must comply with all applicable fire safety standards. The building housing a center shall be approved prior to occupancy and license renewal by the Illinois Department of Public Health and the Office of the State Fire Marshal or local agencies authorized by those State agencies to conduct inspections on their behalf. Otherwise, inspection and approval shall be in accordance with the regulations of the proper health and fire authorities. Day care centers that provide day care only for school-age children in a building currently being used as a pre-primary, primary, or secondary school do not need to obtain the fire clearance in subsection (a)(1) above if the day care center provides written documentation that a fire safety clearance has been received from the responsible party of the Illinois State Board of Education and/or the Regional School Superintendent and that all exit doors for the school remain unlocked. An acceptable fire safety clearance from the Illinois State Board of Education must be in writing and must indicate that the school complies with the applicable fire safety regulations adopted by the Illinois State Board of Education (23 Ill. Adm. Code 180). b) The building or portion of the building to which children from the center have access shall be used only for a program of child care during the hours that the center is in operation. The space used for child care may be shared by

other groups or persons outside of the hours of operation.

Infants and toddlers shall be housed and cared for at ground level unless otherwise approved through the exception process below. Travel distance between any point in a room used for infants and toddlers and an exit discharging directly outside shall not exceed 150 feet. Only a fire inspector from the Office of the State Fire Marshal or the Chicago Fire Department's Fire Prevention Bureau may grant an exception to the requirement that infants and toddlers be housed and cared for at ground level.

There shall be sufficient indoor space to conduct the program. There shall be a minimum of 35 square feet of activity area per child in centers for children 2 years of age and older. This space is exclusive of exit passages and fire escapes, which must be clear. This space is also exclusive of administrative space, storage areas, bathrooms, kitchen, space required for equipment that is not used for direct activities with children, and gymnasiums or other areas used exclusively for large muscle activity or active sports.

The building and indoor space shall be maintained in good repair and shall provide a safe, comfortable environment for the children.

The floors and floor coverings shall be washable and free from drafts, splinters, and dampness.

Toxic or lead paints or finishes shall not be used on walls, window sills, beds, toys or any other equipment, materials or furnishings that may be used by children or within their reach. Peeling or damaged paint or plaster shall be repaired promptly to protect children from possible hazards. Lead paint removal shall be in accordance with Illinois Department of Public Health rules (77 Ill. Adm. Code 845.85(b)). Asbestos shall only be removed by trained and licensed professionals in accordance with the Asbestos Abatement Act [105 ILCS 105]. 4) Effective January 1, 2013, the center shall be tested for radon at least once every 3 years by a licensed Radon Measurement Professional pursuant to rules established by the Illinois Emergency Management Agency (32 Ill. Adm. Code 422). The report of the most current radon measurement shall be posted next to the center's license, along with the following statement: Every parent or guardian is notified that this facility has performed radon measurements to ensure the health and safety of the occupants. The Illinois Emergency Management Agency (IEMA) recommends that all residential homes be tested and that corrective actions be taken at levels equal to or greater than 4.0 pCi/L. Radon is a Class A human carcinogen, the leading cause of lung cancer in non-smokers, and the second leading cause of lung cancer overall. For additional information about this facility contact the licensee and for additional information regarding radon contact the IEMA Radon Program at 800-325-1245 or on the Internet at www.radon.illinois.gov. The center shall provide copies of the report to parents or guardians of children attending the center, upon request. Any thermal hazards (radiators, hot water pipes, steam pipes, heaters) in the space occupied by children shall be out of the reach of children or be separated from the space by partitions, screens, or other means.

All cleaning compounds, pesticides, fertilizers and other potentially hazardous or explosive compounds or agents shall be stored in original containers with legible labels in a locked area that is inaccessible to children. 8) A draft-free temperature of 65º F to 75º F shall be maintained during the winter months or heating season. For infants and toddlers, a temperature of 68º F to 82º F shall be maintained during the summer or air-conditioning months. When the temperature in the center exceeds 78º F, measures shall be taken to cool the children. Temperatures shall be measured at least 3 feet above the floor.

If electric fans are used to control temperature, measures shall be taken to assure the safety of the children in the group: Stationary fans shall be mounted on the walls (at least 5 feet above the floor) or on the ceiling. When portable fans on stands are used, they shall be anchored to prevent tipping. All portable fans shall have blade guard openings of less than ½ inch and shall be inaccessible to children. Exits shall be kept unlocked and clear of equipment and debris at all times. Electrical outlets within the reach of children shall be covered. The program shall be modified, as needed, when there are adverse conditions caused by weather, heating or cooling difficulties or other problems. When the conditions exceed a 24-hour period, the Department shall be notified regarding program modifications. Drills for possible emergency situations including fire and tornado shall be conducted. A floor plan shall be posted in every room indicating the following: The building areas that will provide the most structural stability in case of tornado; and the primary and secondary exit routes in case of fire.

Drills shall be conducted once a month for fire and twice a year (seasonally) for tornado. Records shall be maintained of the dates and times that fire and tornado drills are conducted. All areas of the center shall receive sufficient light. Areas for reading, painting, puzzles or other close work shall be illuminated to at least 50 to 100 foot candles on the work surface. Areas for general play, such as housekeeping and block building, shall be illuminated to at least 30 to 50 foot candles on the surface. Stairways, walkways, landings, driveways and entrances shall be illuminated to at least 20 foot candles on the surface. A safe and sanitary water supply shall be maintained. If a private water supply is used instead of a public water supply, the center shall supply written records of current test results indicating that the water supply is safe for drinking in accordance with the standards specified for non-community water supplies in the Drinking Water Systems Code (77 Ill. Adm. Code 900). New test results must be provided prior to relicensing. If nitrate content exceeds 10 parts per million, bottled water must be used for infants. Any day care center currently licensed as of January 1, 2019 shall submit a survey provided by its day care licensing office that includes the construction date of the building in which the center operates. The construction date for new day care center applicants is captured on the CFS 597 form. Any day care center serving children under 6 years of age housed in a building constructed on or before January 1, 2000 shall be subject to lead in water testing by an IEPA laboratory or an IEPA-certified laboratory. A current list of certified laboratories can be obtained by contacting the Day Care Information Line at 1- 877-746-0829, or can be accessed online through

https://sunshine.dcfs.illinois.gov/Content/Licensing/LeadTesting.aspx. Water sampling guidelines followed by certified laboratories may also be accessed through this link. Test results and mitigation plans, when required, shall be submitted to the local licensing office within 120 days after notification of test results of 2.01 ppb or above. All lead in water test results (at, above or below 2.01 ppb) shall be posted in the center in a visible location and submitted by the applicant or licensee directly to the local licensing office

A mitigation plan shall be made available to parents and submitted to the local licensing office if test results indicate the presence of lead for each drinking water supply with a result of 2.01 ppb or above and shall specify: Interim measures the applicant/licensee will take to ensure a safe drinking water supply during mitigation; Mitigation plan start and planned completion dates; Retesting dates to include one test to occur no later than six months following the completion of a mitigation plan and a second test no later than one year from the completion of a mitigation plan; Each drinking water source that tested at 2.01 ppb or above and the planned mitigation activity for each source. Examples of acceptable mitigation strategies include, but are not limited to, installation of mechanical flushing devices, replacement of lead-based lines or fixtures, or reverse osmosis filters installed at affected drinking water fixtures; and In extenuating circumstances in which mitigation cannot be readily undertaken (e.g., lead in the municipal water source), alternative external sources of water that tests below 2.01 ppb, such as bottled water with that test result, may be used subject to Department approval.

Following successful mitigation that results in two consecutive tests below 2.01 ppb, further testing is only required if there has been any change to the water profile of the building, including but not limited to replacement of the hot water heater, change in the water source, or change to, or replacement of, the water service lines. 4) The Department reserves the right to require testing upon suspicion of the day care center misrepresenting the construction date of the building, submitting false or altered testing results, failing to follow mitigation remedies, or committing other actions that may compromise the health and welfare of children. Any center facility that fails to insure testing and reasonable mitigation action when necessary may be subject to enforcement action, up to and including revocation of, or refusal to renew, the license.

There shall be no smoking or use of tobacco products in any form in the child care center or in the presence of children while on the playground or engaged in other activity away from the center. l) Major cleaning shall not be done while children are present. LICENSING STANDARDS FOR DAY CARE CENTERS October 30, 2023 PT 2023.05 Illinois Department of Children and Family Services Rules 407 (94) m) Basement or cellar windows used or intended to be used for ventilation, and all other openings to a basement or cellar, shall not permit the entry of rodents. n) Openings to the outside shall be protected against the entrance of flies or other flying insects by doors, windows, screens, or other approved means. o) Any extensive extermination of pest or rodents shall be conducted by a licensed pest control operator under the direct observation of a staff member to insure that residue is not left in areas accessible to children. p) Pesticide Application 1)

Chemicals for insect and rodent control shall be applied in minimum amounts and shall not be used when children are present in the facility. Toys and other items mouthed or handled by the children must be removed from the area before pesticides are applied. Children must not return to the treated area within 2 hours after a pesticide application or as specified on the pesticide label, whichever time is greater. Over-the-counter products may be used only according to package instructions. Commercial chemicals, if used, shall be applied by a licensed pest control operator and shall meet all standards of the Department of Public Health (Structural Pest Control Code, 77 Ill. Adm. Code 830). A record of any pesticides used shall be maintained at the facility. 2) Before a child is enrolled, the day care center shall provide a summary of its pest management plan and uses of pesticides to the child's parents or guardians. The center shall notify all parents or guardians before a pesticide application, or maintain a registry of parents or guardians who wish to receive written notification of when the facility will receive a pesticide application and send a written notification to them. Notification of the intended date of the application of the pesticide, which may be in the form of newsletters, bulletins, calendars, or other written communication methods presently used by the center, must be given at least 2, but not more than 30, days before the pesticide application. When economically feasible, the center must adopt an Integrated Pest Management (IPM) program as defined in Section 3.25 of the Structural Pest Control Act [225 ILCS 235/3.25], involving the cooperation between day care staff and pest control personnel or other specialists to use a variety of non-chemical methods as well as pesticides, when needed, to reduce pest infestations to acceptable levels and to minimize children's exposure to pesticides.

Prior notice of pesticide application is not required if the application is due to an immediate threat to health or property, in which case the pesticide must be immediately applied. Children shall not be present during the application and shall not return to the treated area within 2 hours after a pesticide application or as specified on the pesticide label, whichever time is greater. If such a situation arises, the appropriate day care center personnel must sign a statement describing the circumstances that gave rise to the health threat and ensure that written notice is provided to parents or guardians as soon as practicable. Pesticides subject to notification requirements shall not include antimicrobial agents, such as disinfectants, sanitizers, or deodorizers, or insecticide baits and rodenticide baits (Section 10.3 of the Structural Pest Control Act). All garbage and refuse shall be collected daily and stored in a manner that will not permit the transmission of disease, create a nuisance or a fire hazard or provide harborage for insects, rodents or other pests. An adequate number of covered, durable, water-tight, insect and rodent-proof garbage and refuse containers shall be provided for use. Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies shall be tightly covered and lined with plastic. Contents shall be covered immediately or removed for discarding. The center shall be cleaned daily and kept in a sanitary condition at all times. The center shall provide necessary cleaning and maintenance equipment. Toys, table tops, furniture and other similar equipment used by children shall be washed and disinfected when soiled or contaminated with

matter such as food, body secretions or excrement. Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical substances shall be labeled and stored in a space designated solely for this purpose. These materials shall be stored in a locked place that is inaccessible to children.

Provisions prohibiting firearms on day care center premises except in the possession of peace officers;

Provisions prohibiting handguns on day care home premises except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside on the premises of a day care home;

Provisions requiring that any firearm permitted on day care home premises, except handguns in the possession of peace officers, shall be kept in a disassembled state, without ammunition, in locked storage, inaccessible to children and that ammunition permitted on day care home premises shall be kept in locked storage separate from that of disassembled firearms, inaccessible to children;

Provisions requiring notification of parents or guardians enrolling children at a day care home of the presence in the day care home of any firearms and ammunition and of the arrangements for the separate, locked storage of such firearms and ammunition;

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All licensed providers are required to follow Illinois state laws. The child care home providers at the time of application and at license renewal times, must submit a written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care. The written plan shall address the specific hazards and the adult supervision and physical means required to minimize the risks to children. The physical facilities of both the indoors and outdoors for child care home providers shall meet the general requirements of a day care home section of the licensing standards for both family and group child care home settings. This entails the home being free from hazards and equipped with proper safety materials, which includes but is not limited to first aid kid, fire extinguisher, etc. Lastly, all materials and equipment used in the home must be free from hazards. All standards related to the physical home requirements to protect children in care from hazards are outlined in the following licensing sections: 406.4, 406.5, 406.8, 406.22, 408.10, 408.15, 408.30, 408.105.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Outdoor Play Area**

All play space shall be fenced or otherwise enclosed or protected from traffic and other hazards. Fences shall be at least 48 inches in height (for fences installed or replaced after January 1, 1998). Fences shall be constructed in such a way that children cannot exit without adult supervision. Corral-type fences and fences made of chicken wire shall not be used. Play areas for children under two years of age shall be enclosed so that the bottom edge is no more than 3½ inches above the ground and openings in the fence are no greater than 3½ inches.

The outdoor play area shall be adequately protected from traffic, water hazards, electrical transformers, toxic gases and fumes, railway tracks and animal hazards.

The outdoor play area shall be arranged so that all areas are visible to staff at all times.

Protective surfaces (wood mulch, bark mulch, wood chips, sand, gravel, rubber mats, etc.) shall be provided in areas where climbing, sliding, swinging or other equipment from which a child might fall is located.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **General Requirements for Day Care Homes**

There shall be safe outdoor space for active play.

Space shall be provided for play in yards, nearby parks or playgrounds under adult supervision.

Space shall be protected by physical means (e.g., fence, tree line, chairs, ropes, etc.) against all water hazards, including, but not limited to, pools, ponds, standing water, ornamental bodies of water, and retention ponds, regardless of the depth of the water, and by adult caregiver supervision at times when children in care are present. Other hazards, such as, but not limited to, heavy traffic and construction, shall be inaccessible to children in care through a physical barrier and adult supervision.

Play areas shall be well drained and safely maintained. All pieces of outdoor equipment used by children 5 years of age and younger on the day care home premises that is purchased or installed on or after April 1, 2001 shall meet the following standards to guard against entrapment or situations that may cause strangulation. Openings in exercise rings shall be smaller than 4½ inches or larger than 9 inches in diameter. There shall be no openings in a play structure with a dimension between 3½ inches and 9 inches (except for exercise rings). Side railings, stairs and other locations that a child might slip or climb through shall be checked for appropriate dimensions. Distances between vertical slats or poles, where used, must be 3½ inches or less (to prevent head entrapment). No opening shall form an angle of less than 55 degrees unless one leg of the angle is horizontal or slopes downward. No openings shall be between ⅜ inch and one inch in size (to prevent finger entrapment).

Children shall be closely supervised by the caregiver when public parks or playgrounds are used for play, during play and while traveling to and from the area. 7) Supervision shall be provided during outdoor play by caregivers who meet the requirements of Section 406.9.

Operation of other business on the premises must not interfere with the care of children.

Application for License

A written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care. The written plan shall address the specific hazards and the adult supervision and physical means required to minimize the risks to children. Conditions to be addressed include, but are not

limited to, traffic, construction, bodies of water accessible to the children, open stairwells, and neighborhood dog

General Requirements for Group Day Care Homes

There shall be safe outdoor space for active play. Space shall be provided for play in yards, nearby parks or playgrounds under adult supervision. Space shall be protected by physical means (e.g., fence, tree line, chairs, ropes, etc.) against all water hazards, including, but not limited to, pools, ponds, standing water, ornamental bodies of water, and retention ponds, regardless of the depth of the water, and by adult caregiver supervision at times when children in care are present. Other hazards, such as, but not limited to, heavy traffic and construction, shall be inaccessible to children in care through a physical barrier and adult supervision. Further, outdoor space shall be partitioned or supervised in such a manner that young children are not endangered by the activities of older children.

Play areas shall be well drained and safely maintained.

All pieces of outdoor equipment used by children 5 years of age and younger on the day care premises that is purchased or installed on or after April 1, 2001 shall meet the following standards to guard against entrapment or situations that may cause strangulation. Openings in exercise rings shall be smaller than 4½ inches or larger than 9 inches in diameter. There shall be no openings in a play structure with a dimension between 3½ inches and 9 inches (except for exercise rings). Side railings, stairs and other locations that a child might slip or climb through shall be checked for appropriate dimensions.

Distances between vertical slats or poles, where used, must be 3½ inches or less (to prevent head entrapment). No opening shall form an angle of less than 55 degrees unless one leg of the angle is horizontal or slopes downward. No opening shall be between ⅜ inch and one inch in size (to prevent finger entrapment).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 1 Buidling and Physical Location of the License Exempt Health and Safety Standards address barriers to be used to restrict children from unsafe areas which includes but is not limited to swimming pools, open drainage ditches, wells, or holes. During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Section 1 Buidling and Physical Location of the License Exempt Health and Safety Standards address barriers to be used to restrict children from unsafe areas which includes but is not limited to swimming pools, open drainage ditches, wells, or

holes. During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Section 1 Buidling and Physical Location of the License Exempt Health and Safety Standards address barriers to be used to restrict children from unsafe areas which includes but is not limited to swimming pools, open drainage ditches, wells, or holes. During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Section 1 Buidling and Physical Location of the License Exempt Health and Safety Standards address barriers to be used to restrict children from unsafe areas which includes but is not limited to swimming pools, open drainage ditches, wells, or holes. During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: All play space shall be fenced or otherwise enclosed or protected from traffic and other hazards. Fences shall be at least 48 inches in height (for fences installed or replaced after January 1, 1998). Fences shall be constructed in such a way that children cannot exit without adult supervision. Corral-type fences and fences made of chicken wire shall not be used. Play areas for children under two years of age shall be enclosed so that the bottom edge is no more than 3½ inches above the ground and openings in the fence are no greater than 3½ inches. Additional language will be expanded Also noting The outdoor play area shall be adequately protected from traffic, water hazards, electrical transformers, toxic gases and fumes, railway tracks and animal hazards. The outdoor play area shall be arranged so that all areas are visible to staff at all times. Prior approval of the Department is required when play space not connected with the center is used to meet the requirements of subsections (a) through (1) of this Section in lieu of the center's own play space. Proposed use of a nearby park, school yard or other alternative shall be considered on a case-by-case basis in consultation with local health and safety officials, with consideration given to the following criteria: Location; Accessibility to children and staff by foot or the availability of push carts or other means of transporting infants and toddlers; Age(s) of the children in the group(s);

Availability of appropriate equipment; Traffic patterns of vehicles and people in the area;

Licensed providers are to establish a written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care. The written plan shall address the specific hazards and the adult supervision and physical means required to minimize the risks to children. Conditions to be addressed include, but are not limited to, traffic construction, bodies of water accessible to the children, open stairwells, and neighborhood dogs; outdoor space for active play shall be protected by physical means (e.g., fence, tree line, chairs, ropes, etc.) against all water hazards, including, but not limited to, pools, ponds, standing water, ornamental bodies of water, and retention ponds, regardless of the depth of the water, and by adult caregiver supervision at times when children in care are present. Other hazards, such as, but not limited to, heavy traffic and construction, shall be inaccessible to children in care through a physical barrier and adult

ii. All CCDF-eligible licensed family child care homes. Provide the standard: All play space shall be fenced or otherwise enclosed or protected from traffic and other hazards. Fences shall be at least 48 inches in height (for fences installed or replaced after January 1, 1998). Fences shall be constructed in such a way that children cannot exit without adult supervision. Corral-type fences and fences made of chicken wire shall not be used. Play areas for children under two years of age shall be enclosed so that the bottom edge is no more than 3½ inches above the ground and openings in the fence are no greater than 3½ inches. Additional language will be expanded Also noting The outdoor play area shall be adequately protected from traffic, water hazards, electrical transformers, toxic gases and fumes, railway tracks and animal hazards. The outdoor play area shall be arranged so that all areas are visible to staff at all times. Prior approval of the Department is required when play space not connected with the center is used to meet the requirements of subsections (a) through (1) of this Section in lieu of the center's own play space. Proposed use of a nearby park, school yard or other alternative shall be considered on a case-by-case basis in consultation with local health and safety officials, with consideration given to the following criteria: Location; Accessibility to children and staff by foot or the availability of push carts or other means of transporting infants and toddlers; Age(s) of the children in the group(s); Availability of appropriate equipment; Traffic patterns of vehicles and people in the area;

Licensed Group child care providers are also required to develop a written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care. The written plan shall address the specific hazards and the adult supervision and physical means required to minimize the risks to children. Conditions to be addressed include, but are not limited to, traffic, construction, bodies of water accessible to the children, open stairwells, and neighborhood dogs. outdoor space for active play shall be provided for play in yards, nearby parks or playgrounds under adult supervision. Space shall be

protected by physical means (e.g., fence, tree line, chairs, ropes, etc.) against all water hazards, including, but not limited to, pools, ponds, standing water, ornamental bodies of water, and retention ponds, regardless of the depth of the water, and by adult caregiver supervision at times when children in care are present. Other hazards, such as, but not limited to, heavy traffic and construction, shall be inaccessible to children in care through a physical barrier and adult supervision. Further, outdoor space shall be partitioned or supervised in such a manner that young children are not endangered by the activities of older children

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **During the hours when children are in care child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day**

care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

Staff who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Caregivers learn to identify symptoms and signs of possible shaken baby syndrome like extreme fussiness and irritability, difficulty staying awake, poor eating, vomiting, paralysis, pale skin or signs of child abuse and to immediately report to the authorities. The lead agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant. The lead agency also recognizes the mandatory Mandated Reporter training as a training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

Section 407.100 General Requirements for Personnel

If the facility is licensed to care for newborns and infants, all newly hired day care center staff shall take and complete the Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome (SBS) trainings within 30 days after hire.

Every 3 years, all child care staff in a facility licensed to care for newborns and infants, including the day care center director, shall receive training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.

Facilities licensed to care for infants and toddlers require all newly hired day care center child-care staff to complete training on the prevention of Sudden Infant Death Syndrome (SIDS), Sudden and Unexpected Infant Death (SUID), and use of safe sleep recommendations of the American Academy of Pediatrics, as well as the prevention of Shaken Baby Syndrome (SBS), abusive head trauma and child maltreatment within 30 days after hire. Licensing Agency has developed additional language to meet CCDF requirement clarifying the inclusiveness of toddler to the rule language as the current required training is inclusive of toddler. Licensing Agency is requesting an extension to have the additional language added to the rule.

The center shall have on duty at all times at least one staff member who has successfully completed training and is currently certified in first aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver, and for centers serving infants, first aid for choking infants in accordance with the approved method specified in the Department of Public Health's rules 77 Ill. Adm. Code 520 (The Treatment of Choking Victims). CPR certification must be specific for all age groups served, i.e., infant (birth to 12 months), child (one to 8 years) and adult (eight years and older).

A center serving infants and toddlers shall have a licensed physician, registered nurse, licensed practical nurse or licensed physician's assistant with training in infant care to instruct child care staff in the proper health care of

infants and toddlers. The person shall visit the facility to observe the child care techniques of the staff and provide in-service training. Visits shall be at least weekly during the permit period and monthly thereafter.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

Section 406.4 Application for License

The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix D, which shall include the following topics for applicants and assistants who will care for infants: Sudden Infant Death Syndrome (SIDS); Sudden Unexpected Infant Death (SUID); Safe sleep recommendations from the American Academy of Pediatrics; Shaken Baby Syndrome; and

Section 406.5 Application for Renewal of License

Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix D that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics: Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and Shaken Baby Syndrome

Section 406.22 Children Under 30 Months of Age

Children under 30 months of age shall not be permitted in bathrooms, kitchens, or other hazardous areas without the caregiver or assistant present. To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on their backs when put down to sleep. When the infant cannot rest or sleep on his/her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or special sleeping arrangements for the infant. The caregiver shall put the infant to sleep in accordance with a physician's written instructions. When an infant can easily turn over from the back to tummy position, the infant shall be put down to sleep on his/her back, but allowed to adopt whatever sleeping position the infant prefers. Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs

No infant shall be put to sleep on a sofa, soft mattress, car seat or swing. When

an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times. Children under 30 months of age shall be provided a daily program that is designed to meet their needs. The caregiver shall demonstrate warm, positive feelings toward each child through actions such as hugging, patting, smiling, and cuddling. Routines such as naps and feedings shall be discussed with the parents and shall be consistent with the child's routine at home. Non-mobile children who are awake shall be moved to different positions and shall be held, rocked, and carried about. The caregiver shall frequently change the place, position, and toys available for children who cannot move about the room. Consistent toilet training shall be undertaken at a time mutually agreed upon by parent and caregiver in accordance with the child's age and/or stage of development. Children shall be taken outdoors for a portion of every day, when weather permits, except when the child is ill or unless indicated otherwise by parent or physician.

Feeding schedules and procedures shall meet the developmental needs of the children. Flexible feeding schedules of children shall be established to coordinate with parents' schedules at home and to allow for nursing. Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottle feeding. When infants are able to hold their own non-glass bottles, they may feed themselves without being held. The bottle must be removed when the child has fallen asleep. Bottle propping and carrying of bottles by young children throughout the day/night shall not be permitted. Bottles shall never be warmed or defrosted in a microwave oven.

Section 406.APPENDIX D Pre-Service and In-Service Training

Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants and assistants to care for newborns and infants, and every three years thereafter for the life of the license) service obligations under the federal Americans With Disabilities Act (ADA) Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license) Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

Section 408.10 Application for License

The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix G, which shall include the following topics for applicants and assistants who will care for infants: Sudden Infant Death Syndrome (SIDS); Sudden Unexpected Infant Death (SUID); Safe sleep recommendations from the American Academy of Pediatrics; Shaken Baby Syndrome; and

Section 408.15 Application for Renewal of License

Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix G that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics: Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and Shaken Baby Syndrome

Section 408.105 Children Under 30 Months of Age

Children under 30 months of age shall not be permitted in bathrooms, kitchens, or hazardous areas without the caregiver or assistant present. To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on their backs when put down to sleep. When the infant cannot rest or sleep on his/her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or special sleeping arrangements for the infant. The caregiver shall place the infant to sleep in accordance with a physician's written instructions. When an infant can easily turn over from the back to tummy position, the infant shall be put down to sleep on his/her back, but allowed to adopt whatever sleeping position the infant prefers. Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs. No infant shall be put to sleep on a sofa, soft mattress, car seat or swing. When an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times.

Children under 30 months of age shall be provided a daily program that is designed to meet their needs. The caregivers shall demonstrate warm, positive feelings toward each child through actions such as hugging, patting, smiling, and cuddling. Routines such as naps and feedings shall be discussed with the parents and shall be consistent with the child's routine at home. Non-mobile children who are awake shall be moved to different positions and shall be held, rocked, and carried about. The caregivers shall frequently change the place, position, and toys available for children who cannot move about the room. Consistent toilet training shall be undertaken at a time mutually agreed upon by parents and caregiver in accordance with the child's age and/or stage of development.

Children shall be taken outdoors for a portion of every day, when weather permits, except when the child is ill or unless indicated otherwise by parents or physician. Feeding schedules and procedures shall meet the developmental needs of the children. Flexible feeding schedules of children shall be established to coordinate with parents' schedules at home and to allow for nursing. Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottle feeding. When infants are able to hold their own non-glass bottle, they may feed themselves without being held. The bottle must be removed when the child has fallen asleep. Bottle propping and carrying of bottles by young children throughout the day/night shall not be permitted.

Section 408.APPENDIX G Pre-Service and In-Service Training

Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants to care for newborns and infants, and every three years thereafter for the life of the license) service obligations under the federal Americans With Disabilities Act (ADA) Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license) Department approved Mandated Reporter Training (available on the Department's website; training is required for new applicants and assistants) Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: IDHS, former Lead Agency was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.

Staff who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Caregivers learn to identify symptoms and signs of possible shaken baby syndrome like extreme fussiness and irritability, difficulty staying awake, poor eating, vomiting, paralysis, pale skin or signs of child abuse and to immediately report to the authorities. The Lead Agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: IDHS, the former Lead Agency was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.

Staff who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Caregivers learn to identify symptoms and signs of possible shaken baby syndrome like extreme fussiness and irritability, difficulty staying awake, poor eating, vomiting, paralysis,

pale skin or signs of child abuse and to immediately report to the authorities. The Lead Agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IDHS, the former Lead Agency, was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.**

Staff who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Caregivers learn to identify symptoms and signs of possible shaken baby syndrome like extreme fussiness and irritability, difficulty staying awake, poor eating, vomiting, paralysis, pale skin or signs of child abuse and to immediately report to the authorities. The Lead Agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IDHS, the former Lead Agency, was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.**

Staff who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Caregivers learn to identify symptoms and signs of possible shaken baby syndrome like extreme fussiness and irritability, difficulty staying awake, poor eating, vomiting, paralysis, pale skin or signs of child abuse and to immediately report to the authorities. The Lead Agency recognizes the mandatory Mandated Reporter training as the training tool in recognizing and reporting abusive head trauma and child maltreatment for a non-infant.

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to

for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

The applicable language of child maltreatment applies to children of all ages.

(225 ILCS 10/4.3) (from Ch. 23, par. 2214.3)

Sec. 4.3. Child Abuse and Neglect Reports. All child care facility license applicants and all current and prospective employees of a child care facility who have any possible contact with children in the course of their duties, as a condition of such licensure or employment, shall authorize in writing on a form prescribed by the Department an investigation of the Central Register, as defined in the Abused and Neglected Child Reporting Act, to ascertain if such applicant or employee has been determined to be a perpetrator in an indicated report of child abuse or neglect.

All child care facilities as a condition of licensure pursuant to this Act shall maintain such information which demonstrates that all current employees and other applicants for employment who have any possible contact with children in the course of their duties have authorized an investigation of the Central Register as hereinabove required. Only those current or prospective employees who will have no possible contact with children as part of their present or prospective employment may be excluded from provisions requiring authorization of an investigation.

Such information concerning a license applicant, employee or prospective employee obtained by the Department shall be confidential and exempt from public inspection and copying as provided under Section 7 of The Freedom of Information Act, and such information shall not be transmitted outside the Department, except as provided in the Abused and Neglected Child Reporting Act, and shall not be transmitted to anyone within the Department except as provided in the Abused and Neglected Child Reporting Act, and shall not be transmitted to anyone within the Department except as needed for the purposes of evaluation of an application for licensure or for consideration by a child care facility of an employee. Any employee of the Department of Children and Family Services under this Section who gives or causes to be given any confidential information concerning any child abuse or neglect reports about a child care facility applicant, child care facility employee, shall be guilty of a Class A misdemeanor, unless release of such information is authorized by Section 11.1 of the Abused and Neglected Child Reporting Act.

Additionally, any licensee who is informed by the Department of Children and Family Services, pursuant to Section 7.4 of the Abused and Neglected Child Reporting Act, approved June 26, 1975, as amended, that a formal investigation has commenced relating to an employee of the child care facility or any other

person in frequent contact with children at the facility, shall take reasonable action necessary to insure that the employee or other person is restricted during the pendency of the investigation from contact with children whose care has been entrusted to the facility.

When a foster family home is the subject of an indicated report under the Abused and Neglected Child Reporting Act, the Department of Children and Family Services must immediately conduct a re-examination of the foster family home to evaluate whether it continues to meet the minimum standards for licensure. The re-examination is separate and apart from the formal investigation of the report. The Department must establish a schedule for re-examination of the foster family home mentioned in the report at least once a year.
(Source: P.A. 91-557, eff. 1-1-00.)

Section 407.70 Organization and Administration

As a part of new staff orientation, the child care director and all staff shall review the following documents and the date of their review shall be recorded in the personnel files: 1) the Child Care Act of 1969 [225 ILCS 10]; 2) the Abused and Neglected Child Reporting Act, as amended [325 ILCS 5]; and 3) the portions of 89 Ill. Adm. Code 407 (Licensing Standards for Day Care Centers) that affect their functions and responsibilities.

A complete and current set of licensing standards shall be available at all times in an area that is accessible to all employees.

Suspected child abuse or neglect shall be reported immediately to the Child Abuse/Neglect Hotline as required by the Abused and Neglected Child Reporting Act, as amended. The telephone number for the reporting hotline is 1-800-252-2873.

The center shall develop a written risk management plan that identifies potential operational risks, specifies ways to reduce or eliminate the risks and establishes procedures to be followed in an emergency or crisis. All staff shall be trained in the implementation of the plan. This risk management plan shall specifically address at least the following: training, including universal precautions, provided to staff to identify and minimize risks, particularly as it relates to the care and supervision of children; the design and maintenance of the building and any vehicles used in day care; maintenance and storage of food service and maintenance equipment, chemicals, and supplies, including an integrated pest management plan in accordance with Section 407.390; selection, maintenance, and supervision of education materials, toys, pets, and playground equipment; food service sanitation; cleanliness of the building and grounds; means of receiving information to alert the center of severe weather conditions or other emergency situations that may affect the safety of the children; and emergency and disaster preparedness plans, including fire drills and evacuation plans.

Any accident or injury requiring professional medical care, death or other emergency involving a child shall be entered into the child's record and orally reported immediately to the child's parent or guardian and to the appropriate local licensing office of the Department. If the center is unable to contact the parent or guardian and the Department immediately, it shall document this fact in the child's record. Oral reports to the Department shall be confirmed in writing

within 2 business days after the occurrence.

The day care center shall maintain records essential for the operation of the facility. Records pertaining to children in care and to staff shall be maintained at the day care center. Financial records shall be maintained in Illinois and produced immediately upon request for licensing review. The day care center shall maintain financial records including projected and current operating budget. The day care center shall maintain financial solvency to assure adequate care of children and compliance with the standards prescribed in this Part. A center is considered insolvent if the sum of its debts is greater than all of its property, at a fair valuation, exclusive of property transferred, concealed or removed with intent to hinder, delay or defraud its creditors and property that may be exempted from property of the estate. (This definition is adapted from the U.S. Bankruptcy Code of 1978 (11 USC. 101).)

Required general and financial records shall be maintained for 5 years. Required personnel records shall be maintained for 5 years after the date of the employee's termination of employment. Children's records shall be maintained for 5 years after the child has been discharged from care or services. Accurate daily attendance records, by group, shall be maintained for one year. If a child attends on a part-time or irregular basis, this shall be recorded in the attendance records.

Section 407.80 Confidentiality of Records and Information

The facility personnel shall respect the confidential nature of the child and personnel records. b) Information pertaining to the admission, progress, health, or discharge of an individual child shall be confidential and limited to facility staff designated by the child care director and Department representatives unless the parent(s) of the child has granted written permission for disclosure or dissemination. The facility shall have confidentiality release forms signed by the parent(s) which specify to whom information may be released and the length of time the release form is valid. Such release forms shall be on file at the facility prior to the release of confidential information. If information is requested by outside persons or agencies, a specific written request signed by the person requesting the information shall be obtained and placed on file at the facility prior to the release of the information. Except in extreme emergency or when there is evidence of child abuse or neglect, any child 12 years of age or older must be informed of such disclosure of information.

Section 407.90 Staffing Structure

The day care center shall provide staff to ensure the care and safety of the children at all times. A written staffing plan shall organize the staff and enable them to give the children continuity of care and supervision. Each staff person shall be qualified for his or her position, as required by this Part, at the time he or she is hired or promoted. Sufficient child care staff shall be provided to assure that staff/child ratios are maintained as required by Section 407.190. Staff changes shall be minimized so that each child can experience consistent relationships with as few adults as possible. Changes in the position of director or school-age director shall be reported to the Department no later than the next business day after the change. All other staff employment changes shall be

reported to the Department each month on forms prescribed by the Department.

The day care center shall employ a qualified child care director to oversee the program and administer day-to-day operations. The child care director shall be responsible for the planning and supervision of the program and activities of the children; orientation to newly employed staff; on-site supervision of all staff; and in-service training totaling a minimum of 15 clock hours per year for each member of the child care staff.

Each group of children shall be under the direct supervision of an early childhood teacher or a school-age worker. Infant, toddler and preschool groups, as well as multi-age groups, shall be supervised by an early childhood teacher at all times, except as allowed by Section 407.90(e)(3), Section 407.90(e)(4), Section 407.190(e)(2), or Section 407.190(f).

School-age groups shall be supervised by a school-age worker at all times, except as allowed by Section 407.90(e)(2) below. Early childhood teachers and school-age workers shall be responsible for planning and supervising the group, as well as supervising assistants.

Assistants shall be assigned to each group as needed to meet the staff/child ratios required by Section 407.190. Early childhood assistants shall be assigned to infant, toddler and preschool groups and work under the direct supervision of an early childhood teacher. They shall not assume full responsibility for the group, except as allowed by Section 407.90(e)(3), Section 407.90(e)(4), Section 407.190(e)(2), or Section 407.190(f).

School-age assistants shall be assigned to school-age groups and work under the direct supervision of a school-age worker. At the discretion of the school-age worker, school-age assistants may be responsible for small groups of ten or fewer children during special planned on-site activities for a limited period of time, not to exceed one hour per five-hour period. Activities may include activities on the center's on-site outdoor play area.

When all children are two years of age or older, a qualified early childhood assistant 18 years of age or older may provide direct supervision without the presence of an early childhood teacher to a classroom under the following conditions: The use of an early childhood assistant without an early childhood teacher present shall not exceed three consecutive hours or make up a majority of the hours an individual classroom is open in a single day. The use of an early childhood assistant without an early childhood teacher present shall not exceed three hours per classroom, except as allowed in Section 407.190(e)(2).

When all children are under the age of two, an early childhood assistant 18 years of age or older with one year of experience (1560 clock hours) providing childcare in a day care setting licensed pursuant to 89 Ill. Adm. Code 406, 407 or 408, or a license-exempt childcare setting as defined in 89 Ill. Adm. Code 377, may provide direct supervision to a classroom without the presence of an early childhood teacher for three hours per classroom, if they have successfully completed the Department of Human Services Child Development, Health, and Safety Basics training which adheres to federal standards set forth in 45 CFR 98.41.

Section 407.100 General Requirements for Personnel

Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors contributing to the attainment of this standard include: Emotional maturity when working with children; Cooperation with the purposes and services of the program; Respect for children and adults; Flexibility, understanding and patience; Physical and mental health that do not interfere with child care responsibilities; Good personal hygiene; Frequent interaction with children; Listening skills, availability and responsiveness to children; Sensitivity to children's socioeconomic, cultural, ethnic and religious backgrounds, and individual needs and capabilities; Use of positive discipline and guidance techniques; and Ability to provide an environment in which children can feel comfortable, relaxed, happy and involved in play, recreation and other activities. Child care staff, in addition to meeting the requirements of subsection , shall generally demonstrate skill and competence necessary to assume direct responsibility for child care including: Skills to help children meet their developmental and emotional needs; and Skills in planning, directing, and conducting programs that meet the children's basic needs.

Child care staff shall be willing to participate in activities leading to professional growth in child development and education, and in training related to the specific needs of the children served.

The director and each child care staff member shall participate in 15 clock hours of in-service training per year. For the first year of employment, topics that must be included in the training are staff requirements to recognize and report suspected child abuse or neglect, how to make a child abuse or neglect report, rules governing the operation of the facility, and the legal protection afforded to persons who report violations of licensing standards. Subsequent in-service training may include, but shall not be limited to, child development, symptoms of common childhood illnesses, hygiene, guidance and discipline, and communication with parents. A record of in-service training shall be maintained at the site.

The required in-service training hours may consist of on-site training; documented attendance at seminars, workshops, conferences and early childhood classes; and documented self-study programs that have been approved by the day care center director. Staff meetings may be counted only if a planned in-service program is presented.

Staff serving children who require special program services shall receive in-service training and/or consultation on issues related to those specific needs.

By September 1, 2012, all child care staff employed by the day care center, assistants and the director shall become members of the Gateways to Opportunity Registry, with all educational and training credentials entered into the registry verified in accordance with procedures and requirements adopted by the Department of Human Services (see 89 Ill. Adm. Code 50.Subpart G). Newly hired staff serving children shall become members of the Gateways to Opportunity Registry within 30 days after hire.

The director and each child care staff member must complete the online Mandated Reporter Training that is available on the Department's website. Current staff must complete this training by October 15, 2014. Newly hired staff must complete this training within 30 days after hire.

If the facility is licensed to care for newborns and infants, all newly hired day care center staff shall take and complete the Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome (SBS) trainings within 30 days after hire.

Every 3 years, all child care staff in a facility licensed to care for newborns and infants, including the day care center director, shall receive training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.

Newly employed staff shall submit a report of a physical examination completed no more than 6 months prior to employment that provides evidence that they are free of communicable disease, including active tuberculosis, and physical or mental conditions that could affect their ability to perform assigned duties. This examination shall include a test for tuberculosis by the Mantoux method.

Cooks, kitchen helpers and others assisting in the preparation, serving and handling of food and cooking/serving utensils shall make their positions known to the examining physician, and shall comply with the current rules and regulations of the Illinois Department of Public Health pertaining to Food Service Sanitation (77 Ill. Adm. Code 750).

Section 407.120 Personnel Records

A signed statement that acknowledges the employee's status as a mandated reporter of suspected child abuse and neglect.

Authorizations for and results of the background check required by 89 Ill. Adm. Code 385, Background Checks, shall be maintained in a separate and confidential file.

The day care center shall maintain written documentation of the following: That a person certified in food service sanitation is on site to manage the preparation and/or service of food, including the service of catered food. This requirement does not apply if the center serves no food, or serves only prepackaged prepared snacks. Refer to the Illinois Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750); That in-service training is being provided as required for the child care director and each member of the child care staff; That an employee who has successfully completed training and is currently certified in first-aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver is on site at all times. CPR certification shall be specific for all age groups served (infant, child and adult); Mandated Reporter Training certificates identifying that all required staff have completed the DCFS-approved Mandated Reporter Training; and

Section 407.200 Program Requirements for All Ages

Each child shall be recognized as an individual whose gender, ability differences, personal privacy, choice of activities, cultural, ethnic, and religious background shall be respected.

Children shall receive supervision appropriate to their developmental age at all times. All children in the facility shall be protected from exploitation, neglect, and abuse.

Section 407.210 Special Requirements for Infants and Toddlers

A center receiving children within the infant and toddler age range shall comply with standards for all day care centers, except when inconsistent with the special requirements prescribed by this Section. b) A center serving infants and toddlers shall have a licensed physician, registered nurse, licensed practical nurse or licensed physician's assistant with training in infant care to instruct child care staff in the proper health care of infants and toddlers. The person shall visit the facility to observe the child care techniques of the staff and provide in-service training. Visits shall be at least weekly during the permit period and monthly thereafter.

Section 407.250 Enrollment and Discharge Procedures

The facility shall distribute a summary of the licensing standards, provided by the Department, to the parents of each child at the time that the child is accepted for care in the facility. In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease shall be distributed to the parents or each child cared for when designated for distribution by the Department.

The daily departure of children from the center shall be conducted in a way that protects each child's physical and emotional well-being.

All day care centers shall have a written policy that explains to parents and staff the actions the center will take if a parent or guardian does not pick up, or arrange to have someone pick up, his or her child at the designated, agreed upon time. The policy shall consist of the provider's expectations clearly presented to the parent or guardian in the form of a written agreement that shall be signed by the parent or guardian and shall include at least the following elements: Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as, the child abuse hotline, police, and so forth.

Section 407.270 Guidance and Discipline

The day care center shall develop a guidance and discipline policy for staff use that is also provided to parents. Expulsion due to a child's pattern of challenging behavior is prohibited. Planned transitions to settings better able to meet the child's needs are not considered expulsions. Staff shall sign the guidance and discipline policy at the time of employment and parents shall sign the policy when their child is enrolled. The policy shall include: A statement of the center's philosophy regarding guidance and discipline; Information on how discipline will be implemented by staff; Information on how parents will be involved in the guidance and discipline process; Information on how children will be involved in the guidance and discipline process; and behavior support and program transition policies.

Written rules for all children shall be established and available to children, parents and staff. These rules shall set the limits of behavior required for the protection of the group and individuals. The rules shall: Pertain to important situations; Be understandable to children; Be stated in the positive form whenever possible; and Be enforceable.

Child care staff shall help individual children develop self-control and assume responsibility for their own actions. Imposing physical activity or withholding

active play shall not be used on children as a form of discipline.

Limits and consequences shall be clear and understandable to the child, consistently enforced and explained to the child before and as part of any disciplinary action.

Discipline shall be developmentally appropriate and logically related to the child's act and shall not be out of proportion to the particular inappropriate behavior. The child shall be made aware of the relationship between the act and the consequences.

Firm positive statements about behaviors or redirection of behaviors shall be the accepted techniques for use with infants and toddlers.

Removal from the group to help a child gain control shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

Children shall not be disciplined for toilet accidents.

The following behaviors are prohibited in all child care settings: Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear; Threatened or actual withdrawal of food, rest or use of the bathroom; Abusive or profane language; Any form of public or private humiliation, including threats of physical punishment; and E) Any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child.

Preschool and school-age children shall have reasonable opportunity to resolve their own conflicts.

Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

When there is a specific plan for responding to a child's pattern of unacceptable behavior, all staff who affect the child shall be aware of the plan and cooperate in its implementation.

Clinical behavior management plans may be developed to meet the needs of a particular child if developed with the parent and a professional clinician. This must be documented in the child's file. All staff working with the child shall receive training on implementing the plan.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

(225 ILCS 10/4.3) (from Ch. 23, par. 2214.3)

Sec. 4.3. Child Abuse and Neglect Reports. All child care facility license applicants and all current and prospective employees of a child care facility who have any possible contact with children in the course of their duties, as a

condition of such licensure or employment, shall authorize in writing on a form prescribed by the Department an investigation of the Central Register, as defined in the Abused and Neglected Child Reporting Act, to ascertain if such applicant or employee has been determined to be a perpetrator in an indicated report of child abuse or neglect.

All child care facilities as a condition of licensure pursuant to this Act shall maintain such information which demonstrates that all current employees and other applicants for employment who have any possible contact with children in the course of their duties have authorized an investigation of the Central Register as hereinabove required. Only those current or prospective employees who will have no possible contact with children as part of their present or prospective employment may be excluded from provisions requiring authorization of an investigation.

Such information concerning a license applicant, employee or prospective employee obtained by the Department shall be confidential and exempt from public inspection and copying as provided under Section 7 of The Freedom of Information Act, and such information shall not be transmitted outside the Department, except as provided in the Abused and Neglected Child Reporting Act, and shall not be transmitted to anyone within the Department except as provided in the Abused and Neglected Child Reporting Act, and shall not be transmitted to anyone within the Department except as needed for the purposes of evaluation of an application for licensure or for consideration by a child care facility of an employee. Any employee of the Department of Children and Family Services under this Section who gives or causes to be given any confidential information concerning any child abuse or neglect reports about a child care facility applicant, child care facility employee, shall be guilty of a Class A misdemeanor, unless release of such information is authorized by Section 11.1 of the Abused and Neglected Child Reporting Act.

Additionally, any licensee who is informed by the Department of Children and Family Services, pursuant to Section 7.4 of the Abused and Neglected Child Reporting Act, approved June 26, 1975, as amended, that a formal investigation has commenced relating to an employee of the child care facility or any other person in frequent contact with children at the facility, shall take reasonable action necessary to insure that the employee or other person is restricted during the pendency of the investigation from contact with children whose care has been entrusted to the facility.

When a foster family home is the subject of an indicated report under the Abused and Neglected Child Reporting Act, the Department of Children and Family Services must immediately conduct a re-examination of the foster family home to evaluate whether it continues to meet the minimum standards for licensure. The re-examination is separate and apart from the formal investigation of the report. The Department must establish a schedule for re-examination of the foster family home mentioned in the report at least once a year.
(Source: P.A. 91-557, eff. 1-1-00.)

"Corporal punishment" means hitting, spanking, swatting, beating, shaking, pinching, excessive exercise, exposure to extreme temperatures, and other measures that produce physical pain.

Section 406.4 Application for License

A complete application shall be filed with the Department of Children and Family Services by the supervising agency on forms prescribed and provided by the Department. A complete application shall include: a completed, signed and dated Application for Home License; a list of persons who will be working in the day care home, including any substitutes and assistants, and members of the household age 13 and over; completed, signed and dated authorizations to conduct the background check for the applicants, each employee or person used to replace or supplement staff, and each member of the household age 13 and over; a completed, signed and dated Child Support Certification form; the names, addresses and telephone numbers of at least 3 adults not related to the applicants, nor living in the household, who can attest to their character and suitability to provide child care; A written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care. The written plan shall address the specific hazards and the adult supervision and physical means required to minimize the risks to children. Conditions to be addressed include, but are not limited to, traffic construction, bodies of water accessible to the children, open stairwells, and neighborhood dogs; The applicants shall have completed, not more than one year prior to the application date, at least 15 hours of pre-service training listed in Appendix D, which shall include the following topics for applicants and assistants who will care for infants: Sudden Infant Death Syndrome (SIDS); Sudden Unexpected Infant Death (SUID); Safe sleep recommendations from the American Academy of Pediatrics; Shaken Baby Syndrome; and E) Department approved Mandated Reporter Training for all licensees and assistants, regardless of the age of children in care.

Section 406.5 Application for Renewal of License

Prior to renewal, the licensee shall be current with the annual 15 hours of required training in accordance with Appendix D that, for applicants and assistants licensed to care for newborns and infants, shall include the following topics: Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID) and safe sleep recommendations from the American Academy of Pediatrics; and Shaken Baby Syndrome

Section 406.7 Provisions Pertaining to Permits

A permit shall not be issued until: The application for licensure has been completed and signed by the applicants and all parts of the initial application requirements have been submitted to the Department; 2) The background checks required by Section 406.9 have been completed and the results of the background check have been received for the operator of the day care home; 3) Medical reports as required in Section 406.24(i) have been received by the Department for all caregivers and assistants; 4) The applicant who is the primary caregiver has been certified in first aid, the Heimlich maneuver, and infant/child cardiopulmonary resuscitation (CPR) in accordance with Section 406.9(n);

Character references have been requested, and at least two favorable references have been received and the results of the background check have been received for the operator of the day care home; A personal visit to the home by a licensing representative has been completed. The purpose of this visit is to

determine compliance with all the licensing requirements except the requirements for remaining character references, medical examination reports, and well water tests compliance that may be complied with within the 2 month period covered by the permit. However, when well water tests are required, applicants must agree to boil all drinking and cooking water and to provide only bottled water for children under 15 months of age until the test results are received;

Section 406.8 General Requirements for Day Care Homes

The physical facilities of the home, both indoors and outdoors, shall meet the following requirements for safety to children. The home shall have a first aid kit consisting of adhesive bandages, scissors, thermometer, non-permeable gloves, Poison Control Center telephone number (1-800-222-1222 or 1-800-942-5969), sterile gauze pads, adhesive tape, tweezers and mild soap. The kitchen shall be equipped with a readily accessible and operable fire extinguisher rated for Class A, B, and C fires and a flashlight in working order. All electrical outlets that are in areas used by the day care children shall have protective coverings. There shall be no exposed or uninsulated wiring. The home shall be equipped with a minimum of one approved smoke detector in operating condition on every floor level, including basements and occupied attics. A smoke detector in operating condition shall be within each room where children nap or sleep. The detector shall be installed on the ceiling and at least 6 inches from any wall, or on a wall located between 4 and 6 inches from the ceiling. In addition, there shall be at least one detector at the beginning and end of each separate corridor or hallway 200 feet or more in length in any occupied story.

Section 406.9 Characteristics and Qualifications of the Day Care Family

No individual may receive a license from the Department when the applicant, a member of the household age 13 and over, or any individual who has access to the children cared for in a day care home, or any employee of the day care home, has not authorized the background check required by 89 Ill. Adm. Code 385 (Background Checks) and been cleared in accordance with the requirements of Part 385.

Employees subject to background checks may begin employment on a conditional basis while awaiting the results of the background check. The employees may not be alone with children until the results of the initial background check have been received.

Persons who have been the perpetrator of certain types of child abuse or neglect or who have committed or attempted to commit certain crimes may not be licensed to operate a day care home, be a member of the household of a family home in which a day care home operates, or be an employee or volunteer in a day care home. These allegations/criminal convictions are listed in Appendix C of this Part.

Day care homes shall be responsible for ensuring that persons subject to criminal background checks make themselves available for fingerprinting when scheduled by the Department or its authorized representatives. Failure of a person subject to criminal background checks to appear for scheduled fingerprinting may result in the denial of a license application or refusal to renew

or revocation of an existing license unless the child care facility can demonstrate that it took reasonable measures to insure cooperation with the fingerprinting process. Adequate cause for failure to appear for fingerprinting includes, but is not limited to: 1) death in the family of the person; 2) serious illness of the person or illness in the person's immediate family; or 3) weather or transportation emergencies.

Members of the household who have contact with the children in care shall treat them with respect, courtesy, and patience. The caregiver is responsible for the day-to-day operation of the day care home in accordance with the standards prescribed in this Part. The licensee shall be present in the home when day care children are in attendance unless a qualified substitute caregiver per Section 406.11 is present. The licensee and other adult members of the household in contact with day care children shall be stable, law abiding, responsible, mature individuals. The caregivers in a day care home shall be at least 18 years of age. Caregivers licensed after January 1, 2011 shall have proof of a high school diploma, equivalent certificate, or degree from a regionally accredited institution of higher education or vocational institution. The caregivers and all members of the household shall provide medical evidence as required by Section 406.24(i) that they are free of reportable communicable disease, and, in the case of caregivers, free of physical or mental conditions that could interfere with the child care responsibilities.

The licensee who is the primary caregiver shall be certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health. During the hours of operation of the day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross or the American Heart Association, or other entity approved by the Illinois Department of Public Health. The caregivers shall have on file current certificates attesting to the training. The caregiver shall successfully complete a Department approved basic training course of 6 or more clock hours in providing care to children with disabilities. Refer to Appendix D for basic course requirements. The licensee shall have on file a certificate attesting to the successful completion of the training. New licensee shall complete this training within 36 months from the issue date of the initial license. A licensee who has completed training prior to November 15, 2003 may have that training approved as meeting the provisions of this Section. A certificate of training completion and a description of the course content must be submitted to the Department for approval.

Through interaction with the licensing representative, children, parents or guardian of children in care and operation of the day care home in accordance with standards prescribed by this Part, caregivers shall exhibit competence in the following specific areas: Knowledge of basic hygiene, safety, and nutrition. The ability to relate comfortably with parents and to communicate with them on differences in caregiving methods, values, and goals. The ability to communicate with children. The ability to set realistic controls for children and to enforce these without harshness or physical abuse. Knowledge of the child's need to explore and manipulate and the willingness to provide and maintain a home where

children can enjoy living and learning. Using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children. The caregivers may not work or be employed outside the home during the hours the day care home is licensed. Outside employment during hours that child care is not being provided shall not interfere with child care. The caregiver shall be awake, alert, and able to supervise the children when providing care, except as allowed by Section 406.23(h). The caregivers shall complete 15 clock hours of in-service training per licensing year in accordance with the requirements in Appendix D. The training may be derived from programs offered by any of the entities identified in Appendix D. Courses or workshops to meet this requirement include, but are not limited to, those listed in Appendix D. The records of the day care home shall document the training in which the caregiver has participated, and these records shall be available for review by the Department. Caregivers obtaining clock hours in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements.

Licensees shall submit to the local licensing office a certificate of completion of lead safety training consisting of instruction in the following topics: Mitigation plan strategies for test results of 2.01 ppb or above; and Impact of lead exposure. Licensees or applicants shall not provide false or misleading information regarding their compliance with the applicable regulations.

"Corporal punishment" means hitting, spanking, swatting, beating, shaking, pinching, excessive exercise, exposure to extreme temperatures, and other measures that produce physical pain.

Section 406.24 Records and Reports

Suspected child abuse and/or neglect shall be reported immediately to the Child Abuse/Neglect Hotline as required by the Abused and Neglected Child Reporting Act. The telephone number for the reporting hotline is 1-800-252-2873. The licensee and each staff person shall sign a statement prescribed by the Department acknowledging his or her status as a mandated reporter of child abuse or neglect under the Abused and Neglected Child Reporting Act and acknowledging he or she has knowledge and understanding of the reporting requirements under that Act. The statementshall be signed and dated by the staff person prior to employment, and shall be maintained by the licensee. The supervising agency shall be notified immediately by telephone, and in writing within one week, if any of the following situations involving children occurs at the facility: Accident or injury resulting in death or requiring emergency medical care; A child is missing from the day care home; or Notice is received of legal action against the facility

The facility shall promptly report any known or suspected case or carrier of communicable disease to the supervising agency and to local health authorities, and shall comply with the Illinois Department of Public Health's rules for the Control of Communicable Diseases (77 Ill. Adm. Code 690). The supervising agency shall be notified immediately by telephone, and in writing within one week, of fires or other incidents resulting in structural damage to the day care home. A supervisory visit will be conducted by the supervising agency to determine the safety of the licensed premises in conformance with the other

provisions of this Part. The licensee shall notify the supervising agency within one week, in writing, of any changes to the household composition. Changes that require notification include the addition of any new person into the home, the return of any former household member, or the departure of any household member

Section 406.APPENDIX D Pre-Service and In-Service Training

Entities that may provide pre-service and in-service training to meet the requirements of this Part include, but are not limited to: colleges and universities child care resource and referral agencies Illinois Department of Public Health or local health departments Office of the State Fire Marshal or local fire department Illinois Department of Children and Family Services Illinois Department of Human Services state or national child care or child advocacy organizations national, state or local family day care home associations Child and Adult Care Food Program sponsors Healthy Child Care Illinois nurses American Red Cross, American Heart Association and other providers of first aid and CPR training that have been approved by the Illinois Department of Public Health. Topics or courses to meet the in-service training requirements include, but are not limited to: child care and child development guidance and discipline first aid and CPR symptoms of common childhood illness food preparation and nutrition health and sanitation small business management, child abuse and neglect, working with parents and families, caring for children with disabilities, information about asthma and its management, Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants and assistants to care for newborns and infants, and every three years thereafter for the life of the license), service obligations under the federal Americans With Disabilities Act (ADA), Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license), Department-approved Mandated Reporter Training (available on the Department's website; training is required for new applicants and assistants), Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

Training: Pre-service and in-service training may be acquired through the following: Mandated Reporter Training may be acquired through the Department's website at: https://www.dcfstraining.org/manrep/index.jsp Viewing of the approved video offered by the National Institutes of Health Back to Sleep Campaign for SIDS and sleeping position of infants.

Licensed providers shall complete 15 clock hours of in-service training per period of the licensing year. Caregivers obtaining clock hours in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements. e) Courses/training approved by the Department in caring for children with disabilities must include the following components: • Introduction to Inclusive Child Care • Understanding Child Development in Relation to Disabilities • Building Relationships with Families • Preparing for and Including Young Children in the Child Care Setting • Community Services for Young Children with Disabilities (including Early Intervention services)

Section 408.35 General Requirements for Group Day Care Home Family

Each person subject to background checks, as defined in Section 408.5, shall authorize the background check required by 89 Ill. Adm. Code 385 (Background Checks) and be cleared in accordance with the requirements of Part 385. When notified by the Department that an employee, member of the household or other person in frequent contact with children at the facility is the subject of a formal investigation for child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act [325 ILCS 5], the licensee shall take reasonable action to insure that the employee or other person is restricted from contact with children whose care has been entrusted to the facility during the pending investigation. Such reasonable action includes, but is not limited to, barring or removing the person from the facility or assuring that another adult is always present when the subject of the investigation is in contact with children. The licensee shall be present in the home when children are in attendance unless a qualified substitute caregiver, per Section 408.55, is present. Licensees and other adult members of the household in contact with group day care children shall be stable, law abiding, responsible, mature individuals. Members of the household who have contact with the children in care shall treat them with respect, courtesy, and patience.

Section 408.40 Background Checks

No individual may receive a license from the Department when the applicant, a member of the household age 13 and over, or any individual who has access to children cared for in a group day care home, or any employee of the group day care home, has not authorized the background check required by 89 Ill. Adm. Code 385, Background Checks and been cleared in accordance with the requirements of Part 385. Employees subject to background checks may begin employment on a conditional basis while awaiting the results of the background check. Such employees may not be alone with children until the results of the initial background check have been received. Persons who have been the perpetrator of certain types of child abuse or neglect or who have committed or attempted to commit certain crimes may not be licensed to operate a group day care home, be a member of the household of a family home in which a group day care home operates, or be an employee or volunteer in a group day care home. These allegations/criminal convictions are listed in Appendix E of this Part. Group day care homes shall be responsible for ensuring that persons subject to criminal background checks make themselves available for fingerprinting when scheduled by the Department or its authorized representative(s). Failure of a person subject to criminal background checks to appear for scheduled fingerprinting may result in the denial of a license application or refusal to renew or revocation of an existing license unless the child care facility can demonstrate that it took reasonable measures to insure cooperation with the fingerprinting process. Adequate cause for failure to appear for fingerprinting includes but is not limited to: death in the family of the person; serious illness of the person or illness in the person's immediate family; or weather or transportation emergency. As a condition of licensure, each licensee or license applicant must certify under penalty of perjury that he or she is current or not more than 30 days delinquent in complying with a child support order. Failure to so certify may result in a denial of

the license application, refusal to renew the license, or revocation of the license. [5 ILCS 100/10-65

Section 408.45 Caregivers

The caregiver is responsible for the day-to-day operation of the group day care home in accordance with the standards prescribed in this Part. The caregiver or a designated child care assistant meeting the requirements of this Section shall be at the group day care home at all times that the group day care home is in operation, except when transporting children or accompanying them on field trips.

The caregivers shall complete 15 clock hours of in-service training per licensing year in accordance with the requirements in Appendix G. The training may be derived from programs offered by any of the entities identified in Appendix G. Courses or workshops to meet this requirement include, but are not limited to, those listed in Appendix G.

Licensees shall submit to the local licensing office a certificate of completion of lead safety training consisting of instruction in the following topics: Mitigation plan strategies for test results of 2.01 ppb or above; and Impact of lead exposure. Caregivers obtaining clock hours of training in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements. The records of the group day care home shall document the continuing education in which the caregiver has participated, and these records shall be available for review by the Department. Through interaction with the licensing representative, children, parents or guardian of children in care and operation of the group day care home in accordance with standards prescribed by this Part, caregivers shall exhibit competence in the following specific areas: Knowledge of basic hygiene, safety, and nutrition; The ability to relate comfortably with parents and to communicate with them on differences in caregiving methods, values, and goals; The ability to communicate with children; The ability to set realistic controls for children and to enforce these without harshness or physical abuse; Knowledge of the children's need to explore and manipulate and the willingness to provide and maintain a home where children can enjoy living and learning; and Using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children.

The caregivers shall be responsible for the planning and supervision of the program and activities of the children; orienting child care assistants and substitutes to the operation of the group day care home; on-site supervision of child care assistants; and in-service training totaling a minimum of 15 clock hours per year for the child care assistants. Orientation and training may be provided by the primary caregivers or outside resource persons and shall include recognizing and reporting child abuse or neglect, licensing standards prescribed by this Part, first aid, health and sanitation, fire prevention and safety procedures, special health, developmental, or nutritional needs of children cared for in the group day care home.

Section 408.60 Enrollment and Discharge Procedures

No child served in a day care facility shall remain on the premises for more than 12 hours in any 24-hour period unless the parent's employment schedule

requires more than 12 hours of day care. Regardless of the parent's employment or training schedule, at no time shall children cared for in a day care facility remain on the premises for more than 18 consecutive hours. Prior to acceptance of a child for care, the caregiver shall require that the parents accompany the child to the home to become acquainted with the caregiver and with the service to be provided. No child under 6 years of age may be admitted to the group day care home unless the health examination, complete with lead risk assessment if the child resides in an area defined as low risk by the Department of Public Health, or a screening for lead poisoning if the child resides in an area defined as high risk by DPH (see 77 Ill. Adm. Code 845 (Lead Poisoning Prevention Code)), has been completed as required by DPH rules at 77 Ill. Adm. Code 665 (Child Health Examination Code).

The parents shall be permitted to visit the home, without prior notice, during the hours their children are in care. The caregivers shall conduct a daily, preadmissions screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the caregiver shall determine whether or not to provide care for the child, depending upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child in accordance with the requirements of Section 408.70.

Other discharge provisions of this Section notwithstanding, a child leaving the group day care home to attend school shall be released in accordance with the written authorization of the parents. The authorization shall include the time that the child is to be released and the means of transportation the child is to use. All group day care homes shall have a written policy that explains the actions the provider will take if a parent does not retrieve, or arrange to have someone retrieve, his or her child at the designated, agreed upon time. The policy shall consist of the provider's expectations, clearly presented to the parent in the form of a written agreement that shall be signed by the parent, and shall include at least the following elements: The consequences of not picking up the children on time, including: Amount of late fee, if any, and when those fees begin to accrue;

The degree of diligence the provider will use to reach emergency contacts, e.g., number of attempted phone calls to parents and emergency contacts, requests for police assistance in finding emergency contacts; and Length of time the facility will keep the child beyond the pick-up time before contacting outside authorities, such as the child abuse hotline or police. Emphasis on the importance of having up-to-date emergency contact numbers on file. Acknowledgement of the provider's responsibility for the child's protection and well-being until the parent or outside authorities arrive. A reminder to staff that the child is not responsible for the situation. All discussions regarding these situations shall be with the parent, never with the child.

The daily list of children in care shall be readily accessible in case of emergency evacuations and fire drills. All group day care homes providing child care to infants, toddlers or preschool age children shall maintain, and notify parents of, written behavior support and transition policies, in compliance with 23 Ill. Adm. Code 235.320 (Behavior Support Plans). Providers of child care to infants, toddlers or preschool age children shall maintain documentation regarding: Steps taken to ensure that the child can participate safely in the program, in accordance with the behavior support plan and program transition policy. This shall include

attempts to utilize qualified professional resources, including when parental consent is attempted and whether it is obtained. Early intervention services received by children shall be documented in the behavior support plan. Providers shall also document whether or not children are evaluated by the Early Intervention Program and/or the school district and, with regard to those children evaluated, whether they are found eligible or ineligible to receive services, including when parental consent is attempted and whether it is obtained, and attempts to utilize professional qualified resources. Providers shall communicate with parents for several reasons, including: to better understand the child's strengths and needs; and to share any initial/ongoing observations of challenging behaviors by provider or staff.

Infants, toddlers and preschool age children who, after documented attempts have been made to meet the child's individual needs, demonstrate an inability to benefit from the type of care offered by the group day care home, or whose presence is detrimental to the group, shall be transitioned to a different program. For infants, toddlers and preschool age children, in all instances when a licensee decides that it is in the best interest of the child to transition to a different program, the child's and parents' needs shall be considered by planning with the parents to identify the new program, and working with the parents and pending program on a transition plan designed to ensure continuity of services to meet the child's needs. Licensees shall adhere to the following requirements regarding program transition plans: All group day care homes shall have written transition policies that outline circumstances in which children may transition out of the program and what the transition process entails; Providers shall notify the Department of transition plans; Nothing shall preclude a parent's or legal guardian's right to withdraw his or her child from a group day care home. A written statement from the parent or guardian shall be requested by the provider and kept on file, stating the reason for the decision to withdraw the child; and If parents/guardians are unable to provide a letter, the licensee shall maintain documentation that includes the requestor's name and relationship to the child along with the withdrawal date. The licensee must also sign and date the documentation. Providers shall collect, and report annually to the Illinois State Board of Education, in compliance with 23 Ill. Adm. Code 235.340 (Reporting), information on children transitioning out of the group day care home

Section 408.120 Records and Reports

A facility shall maintain a record file on the children enrolled. A written application for admission of each child shall be on file with the signature of the parent or guardian. An alphabetic card file or register on each child shall be maintained and shall include: Name, date of birth, and sex; Date of admission and discharge; Scheduled days and hours of care; Names of parents or guardians, home address and business address and telephone numbers, marital status, and the working hours of the parents or guardians; Name, address and telephone number of child's physician (or other person designated by parents who object to medical treatment on religious grounds); Names, addresses and telephone numbers of others authorized to pick up the child; Names, addresses, and telephone numbers of others to contact within the immediate area if parents or guardian cannot be contacted in case of emergency; and Information regarding

the child's personal development, habits, medical needs, and other information critical to the child's well-being. There shall be signed consent forms from the parent or guardian including: Permission for emergency medical care and treatment if the parent is not readily available. Permission to administer medication, if applicable. Permission for someone other than parent or guardian to pick up child if necessary. Visits, trips or excursions off the premises. Transportation provided by caregiver. Permission to use the facility's swimming pool, if applicable.

Accidents or illnesses which have occurred to the child at the facility shall be recorded in the file. When a child is not permitted to attend the facility because of an accident or illness, the date of readmission to the facility shall be recorded. All required health and medical reports as required by Section 408.70. A statement signed by the parents or guardian indicating receipt of a summary of licensing standards and other materials as required by subsection (c) shall be in the child's record file. A facility shall maintain accurate daily attendance records on all children enrolled. If a child attends on a part-time or irregular basis, this shall be recorded in the attendance record. The facility shall distribute a summary of the licensing standards, provided by the Department, to the parents or guardian of each child at the time that the child is accepted for care in the facility. In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease, shall be distributed to the parents or guardian of each child cared for when designated for such distribution by the Department. Each child's record shall contain a statement signed by the child's parent or guardian, indicating that they have received a summary of licensing standards and other materials designated by the Department for such distribution.

The group day care home shall enter in the child's record and orally report immediately to the child's parent, guardian, and the Department any serious occurrences involving children. Oral reports shall be confirmed in writing within 2 working days of the occurrence. If the home is unable to contact the parent, guardian or Department immediately, it shall document this fact in the child's record. These occurrences include serious accident or injury requiring extensive medical care or hospitalization; death; arrest; alleged abuse or neglect; major fire or other emergency situations. Suspected child abuse or neglect shall be reported immediately to the Child Abuse/Neglect Hotline as required by the Abused and Neglected Child Reporting Act. The telephone number for the reporting hotline is 1-800-252-2873. The caregiver shall immediately notify the Department of the death of any child at the facility; a child is missing from the group day care home; any illness or injury of a child resulting in medical treatment or hospitalization, and any known or suspected case or carrier or a reportable contagious, infectious, or communicable disease among children, staff or members of the household.

The caregiver shall immediately notify the Department of any natural disaster or other occurrence resulting in the loss of or damage to physical plant or equipment required to operate the group day care home in accordance with this Part. Records shall be maintained on all staff and shall contain all pertinent information relative to character, suitability, and qualifications for the position; health; character references verified by the group day care home; history of

employment for the previous 5 years; date of employment by the group day care home; and, if applicable, date and reasons for separation from the day care home. The caregiver shall make available to staff a current and complete copy of the licensing standards in a location readily accessible to staff. Further, the licensee shall maintain a record signed by staff indicating that they have reviewed the licensing standards and any subsequent changes to those standards provided to the licensee by the Department. Records documenting compliance with this requirement shall be maintained by the licensee and available for licensing review. When the licensed day care home is cited for one or more substantiated violations of licensing standards by the supervising agency, the caregiver shall prominently display in the home the list of violations and the corrective plan, on a form provided by the supervising agency. The caregiver shall keep the form posted until a licensing representative has verified in writing that every violation on that form has been corrected. Each staff person shall sign a statement prescribed by the Department acknowledging his or her status as a mandated reporter of child abuse or neglect under the Abused and Neglected Child Reporting Act and acknowledging he or she has knowledge and understanding of the reporting requirements under that Act. Such statement shall be signed and dated by the staff person prior to employment, and shall be maintained by the licensee. The facility shall maintain and submit reports on staff to the Department on forms provided by the Department. An individual report on each new employee shall be filed with the Department; a copy of this report shall be kept at the facility. All staff changes shall be reported to the Department immediately.

Section 408.125 Confidentiality of Records and Information

The caregiver shall respect the confidential nature of the child and family records. Information pertaining to the admission, progress, health, or discharge of an individual child shall be confidential and limited to authorized representatives of the Department, caregivers and assistants unless the parent(s) of the child has granted written permission for its disclosure or dissemination. The facility shall have confidentiality release forms signed by the parents which specifies to whom information may be released and how long the release form is valid. Such release forms shall be on file at the facility prior to release of information. If information is requested by outside persons or agencies, a specific written request signed by the person requesting the information shall be obtained and placed on file at the facility prior to the release of confidential information. Nothing in this Section shall be construed to relieve the caregiver(s) or other persons of their responsibility to report suspected child abuse or neglect to the Department or to report communicable disease(s) among children, staff or members of the household to the local health department of the Illinois Department of Public Health.

Section 408.APPENDIX E; Background of Abuse, Neglect, or Criminal History Which May Prevent Licensure or Employment in a Group Day Care Home

The Department makes the presumption that an individual who has been determined to be a perpetrator of child abuse or neglect involving the allegations listed below, as defined in Appendix B, Child Abuse and Neglect Allegations of 89 Ill. Adm. Code 300, Reports of Child Abuse and Neglect is not suitable for work

that involves contact with children.

Death Head injury, brain damage, skull fracture or hematoma Internal injuries Wounds (gunshot, knife, or puncture) Torture Sexually transmitted diseases Sexual penetration Sexual molestation Sexual exploitation Failure to thrive Malnutrition Medical neglect of disabled infant

A single indicated report of child abuse or neglect that resulted in serious injury to the child, regardless of the allegations involved

More than one indicated report involving any of the following allegations, regardless of severity:

Burns or scalding Poison or noxious substances Bone fractures Cuts, bruises, welts, abrasions and unjuries Human bites Sprains or dislocations Tying or close confinement Substance misuse Mental and emotional impairment Substantial risk of physical injury Inadequate supervision Abandonment or desertion Medical neglect Lock-out Inadequate food Inadequate shelter Inadequate clothing Environmental neglect If the licensees/license applicants believes there are unusual circumstances that should be considered that mitigate the presumption of unsuitability, the licensees/license applicants may request a waiver of the presumption of unsuitability. Materials to be considered are to be submitted to the licensing entity.

Section 408.APPENDIX G Pre-Service and In-Service Training

Entities that may provide pre-service and in-service training to meet the requirements of this Part include, but are not limited to: colleges and universities child care resource and referral agencies Illinois Department of Public Health or local health departments, Office of the State Fire Marshal or local fire department, Illinois Department of Children and Family Services, Illinois Department of Human Services, state or national child care or child advocacy organizations, national, state or local family day care home associations, Child and Adult Care Food Program sponsors, Healthy Child Care Illinois nurses, American Red Cross, American Heart Association and other providers of first aid and CPR training that have been approved by the Illinois Department of Public Health

Topics or courses to meet the in-service training requirements include, but are not limited to: child care and child development; guidance and discipline; first aid and CPR; symptoms of common childhood illness; food preparation and nutrition; health and sanitation; small business management; child abuse and neglect; working with parents and families; caring for children with disabilities; information about asthma and its management; Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants to care for newborns and infants, and every three years thereafter for the life of the license); service obligations under the federal Americans With Disabilities Act (ADA); Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license); Department approved Mandated Reporter Training (available on the Department's website; training is required for new applicants and assistants); Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license).

Licensed providers shall meet the 15 clock hour requirements for in-service

training per period of licensing year. Caregivers obtaining clock hours in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements. e) Courses/training approved by the Department in carrying for children with disabilities must include the following component: • Introduction to Inclusive Child Care • Understanding Child Development in Relation to Disabilities • Building Relationships with Families • Preparing for and Including Young Children in the Child Care Setting • Community Services for Young Children with Disabilities (including Early Intervention services).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IDHS, the former Lead Agency, was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.**

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IDHS, the former Lead Agency, was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.**

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IDHS, the former Lead Agency, was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.**

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:
IDHS, the former Lead Agency was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vi) due to not having requirements in place that include prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for License-Exempt CCDF-eligible centers and homes.. Revised polices and tools are being finalized in the Summer of 2024, however, the Lead Agency requires additional time to complete the State approval process.

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[ ]** Relocation

iii. **[ ]** Shelter-in-place

iv. **[ ]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[ ]** Communication with families

viii. **[ ]** Reunification with families

ix. **[ ]** Continuity of operations

x. Accommodation of

[ ] Infants

[ ] Toddlers

[ ] Children with disabilities

[ ] Children with chronic medical conditions

xi. If any of the above are not checked, describe: **IDHS, the former Lead Agency, was informed March 13, 2024 of non-compliance with 45 CFR 98.41(a)(1)(vii). The Lead Agency does not have standards in place for all required Emergency Preparedness and Response Planning components for Licensed CCDF-eligible providers. The Illinois Department of Children and Family Servies (IDCFS) and the Lead Agency are in the process of the regulatory changes needed to come into full compliance. Additional time is required to complete the approval process and then to implement changes to policies and tools.**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Risk management is required to encapsulate these items; maintenance and storage of food service and maintenance equipment, chemicals, and supplies, including an integrated pest management plan in accordance with Section 407.390; Potentially hazardous and perishable food shall be refrigerated immediately upon arrival. Any thermal hazards (radiators, hot water pipes, steam pipes, heaters) in the space occupied by children shall be out of the reach of children or be separated from the space by partitions, screens, or other means. All cleaning compounds, pesticides, fertilizers and other potentially hazardous or explosive compounds or agents shall be stored in original containers with legible labels in a locked area that is inaccessible to children. Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical substances shall be labeled and stored in a space designated solely for this purpose. These materials shall be stored in a locked place that is inaccessible to children.**

Pesticide Application
Chemicals for insect and rodent control shall be applied in minimum amounts and shall not be used when children are present in the facility. Toys and other items mouthed or handled by the children must be removed from the area before pesticides are applied. Children must not return to the treated area within 2 hours after a pesticide application or as specified on the pesticide label, whichever time is greater. Over-the-counter products may be used only according to package instructions. Commercial chemicals, if used, shall be applied by a licensed pest control operator and shall meet all standards of the Department of Public Health (Structural Pest Control Code, 77 Ill. Adm. Code 830). A record of any pesticides used shall be maintained at the facility. Before a child is enrolled, the day care

center shall provide a summary of its pest management plan and uses of pesticides to the child's parents or guardians. The center shall notify all parents or guardians before a pesticide application, or maintain a registry of parents or guardians who wish to receive written notification of when the facility will receive a pesticide application and send a written notification to them. Notification of the intended date of the application of the pesticide, which may be in the form of newsletters, bulletins, calendars, or other written communication methods presently used by the center, must be given at least 2, but not more than 30, days before the pesticide application. When economically feasible, the center must adopt an Integrated Pest Management (IPM) program as defined in Section 3.25 of the Structural Pest Control Act [225 ILCS 235/3.25], involving the cooperation between day care staff and pest control personnel or other specialists to use a variety of non-chemical methods as well as pesticides, when needed, to reduce pest infestations to acceptable levels and to minimize children's exposure to pesticides.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All Licensed home providers are required to develop a written hazard protection plan identifying potential hazards within the home and outdoor area accessible to the children in care. The written plan shall address the specific hazards and the adult supervision and physical means required to minimize the risks to children. Conditions to be addressed include, but are not limited to, traffic construction, bodies of water accessible to the children, open stairwells, and neighborhood dogs; First aid supplies, medication, cleaning materials, poisons, sharp scissors, plastic bags, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials shall be stored in places inaccessible to children. Hazardous items for infants and toddlers also include items that can cause choking, including but not limited to: coins, balloons, safety pins, marbles, Styrofoam™ and similar products, and sponge, soft rubber or soft plastic toys that can be bitten or broken into small pieces. 15) Tools and gardening equipment shall be stored in locked cabinets, if possible, or in places inaccessible to all children.**

Potentially hazardous and perishable foods shall be refrigerated properly, and all foods shall be protected against contamination.

Equipment and play materials shall be durable and free from characteristics that may be hazardous or injurious to children under 30 months of age. Hazardous or injurious characteristics include sharp, rough edges; toxic paint; and objects small enough to be swallowed.

A germicidal solution of ¼ cup household chlorine bleach to one gallon of water (or one tablespoon bleach to one quart of water) or other germicidal solution approved by the Centers for Disease Control and Prevention shall be used to clean surfaces soiled by blood or body fluids. The bleach solution shall be made fresh daily.

Licensed Group Day Care Home provider are required to develop a written hazard protection plan identifying potential hazard with in the home and outdoors area accessible to the children in care. First aid supplies, medication, cleaning materials, poisons, sharp scissors, plastic bags, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials shall be stored in places inaccessible to children. Hazardous items for infants and toddlers also include items that can cause choking, including but not limited to: coins, balloons, safety pins, marbles, Styrofoam (trademark) and similar products, and sponge, soft rubber or soft plastic toys that can be bitten or broken into small pieces.

Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies in areas for child care shall be disinfected daily unless plastic liners are used and disposed of daily.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are

allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All garbage and refuse shall be collected daily and stored in a manner that will not permit the transmission of disease, create a nuisance or a fire hazard or provide harborage for insects, rodents or other pests. 1) An adequate number of covered, durable,**

water-tight, insect and rodent-proof garbage and refuse containers shall be provided for use. 2) Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies shall be tightly covered and lined with plastic. Contents shall be covered immediately or removed for discarding.

The center shall be cleaned daily and kept in a sanitary condition at all times. 1) The center shall provide necessary cleaning and maintenance equipment. 2) Toys, table tops, furniture and other similar equipment used by children shall be washed and disinfected when soiled or contaminated with matter such as food, body secretions or excrement. 3) Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical substances shall be labeled and stored in a space designated solely for this purpose. These materials shall be stored in a locked place that is inaccessible to children.

Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Section 406.8 General Requirements for Day Care Homes11) All walls and surfaces shall be maintained free from lead paint and from chipped or peeling paint. 12) Walls of rooms that children use shall be maintained free of carpeting, fabric or plastic products. Inflammable or combustible artwork attached to the walls shall not exceed 20% of any wall. 13) Furniture and equipment shall be kept in safe repair. 14) First aid supplies, medication, cleaning materials, poisons, sharp scissors, plastic bags, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials shall be stored in places inaccessible to children. Hazardous items for infants and toddlers also include items that can cause choking, including but not limited to: coins, balloons, safety pins, marbles, Styrofoam™ and similar products, and sponge, soft rubber or soft plastic toys that can be bitten or broken into small pieces. 15) Tools and gardening equipment shall be stored in locked cabinets, if possible, or in places inaccessible to all children.406.8(a)(14)-First aid supplies, medication, cleaning materials, poisons, sharp scissors, plastic bags, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials shall be stored in places inaccessible to children. Hazardous items for infants and toddlers also include items that can cause choking, including but not limited to: coins, balloons, safety pins, marbles, Styrofoam™ and similar products, and sponge, soft rubber or soft plastic toys that can be bitten or broken into small pieces. Section 406.17 Nutrition and Meals) The caregiver may allow meals and snacks to be provided by the parent or legal guardian upon written agreement between the parent and caregiver. 1) Food brought into the facility shall have a label showing the child's name, the date, and the type of food. 2) Potentially hazardous and perishable foods shall be

refrigerated properly, and all foods shall be protected against contamination. Section 406.22 Children Under 30 Months of Age a) Children under 30 months of age shall not be permitted in bathrooms, kitchens, or other hazardous areas without the caregiver or assistant present.h) The materials must be appropriate to the developmental needs of the child in care.i) Equipment and play materials shall be durable and free from characteristics that may be hazardous or injurious to children under 30 months of age. Hazardous or injurious characteristics include sharp, rough edges; toxic paint; and objects small enough to be swallowed.406.22(e)(5)A toilet shall be easily accessible so that the contents of reusable diapers may be disposed of before placing the diapers in the diaper pail. Disposable diapers and their contents shall be disposed of in accordance with the manufacturer's instructions.6) Persons changing diapers shall wash hands under running water with soap after each change of diaper. Hands shall be dried with single-use towels. Additionally, disposable, non-permeable gloves shall be worn when changing a child who has watery or bloody stools.7) The child whose diaper is being changed is to be washed on the hands and anal area if there has been defecation or if irritation is present.8) Children who are not toilet trained shall be diapered in their own cribs, at a central diapering area on a surface that is disinfected after each use, or on a disposable paper sheet that is disposed of after each diapering.9) The toilet seat, if soiled, or potty shall be cleaned with germicidal solution (see subsection (f)) after every use.10) Soiled diapers shall be changed promptly.11) Sheets shall be changed when soiled, and all sheets shall be changed routinely 2 times per week.12) All beds shall be wiped clean as often as necessary.13) Toys and equipment shall be kept clean. f) A germicidal solution of ¼ cup household chlorine bleach to one gallon of water (or one tablespoon bleach to one quart of water) or other germicidal solution approved by the Centers for Disease Control and Prevention shall be used to clean surfaces soiled by blood or body fluids. The bleach solution shall be made fresh daily.408.30(a)(16)- First aid supplies, medication, cleaning materials, poisons, sharp scissors, plastic bags, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials shall be stored in places inaccessible to children. Hazardous items for infants and toddlers also include items that can cause choking, including but not limited to: coins, balloons, safety pins, marbles, Styrofoam (trademark) and similar products, and sponge, soft rubber or soft plastic toys that can be bitten or broken into small pieces.408. 30(g)-Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies in areas for child care shall be disinfected daily unless plastic liners are used and disposed of daily.408.30 (p)(2)- 2) Chemicals for insect and rodent control shall be applied in minimum amounts and shall not be used when children are present. Over-the-counter products may be used only according to package instructions. Commercial chemicals, if used, shall be applied by a licensed pest control operator and shall meet all standards of the Department of Public Health (Structural Pest Control Code, 77 Ill. Adm. Code 830). A record of any pesticides used shall be maintained408.105 (e)(5) A toilet shall be easily accessible so that the contents of reusable diapers may be disposed of before placing the diapers in the diaper pail. Disposable diapers and their contents shall be disposed of in accordance with the manufacturer's instructions.408.105 (e)(6 Persons changing diapers shall wash hands under running water with soap after each change of diaper. Hands shall be

dried with single-use towels. Additionally, disposable, non-permeable gloves shall be worn when changing a child who has watery or bloody stools.(7) The child whose diaper is being changed is to be washed on the hands and anal area if there has been defecation or if irritation is present.(8) Children who are not toilet trained shall be diapered in their own cribs, at a central diapering area on a surface that is disinfected after each use, or on a disposable paper sheet that is disposed of after each diapering.9) The toilet seat, if soiled, or potty shall be cleaned with germicidal solution (see subsection (f)) after every use.10) Soiled diapers shall be changed promptly.11) Sheets shall be changed when soiled, and all sheets shall be changed routinely 2 times per week.12) All beds shall be wiped clean as often as necessary.13) Toys and equipment shall be kept clean.f) A germicidal solution of ¼ cup household chlorine bleach to one gallon of water (or one tablespoon bleach to one quart of water) or other germicidal solution approved by the Centers for Disease Control and Prevention shall be used to clean surfaces soiled by blood or body fluids. The bleach solution shall be made fresh daily

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are

allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 1 Building and Physical Location, Standard 1.A.5 Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.; Additionally, in the Child Care Assistance Program Policy Manual, in Section 05.01.03 CCAP Provider Health and Safety Standards Requirement I.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants Child care settings must have appropriate procedures for handling and storage or medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns or weapons are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department**

of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

(225 ILCS 10/5.1) (from Ch. 23, par. 2215.1)

The Department shall ensure that no day care center, group home or child care institution as defined in this Act shall on a regular basis transport a child or children with any motor vehicle unless such vehicle is operated by a person who complies with the following requirements: is 21 years of age or older; currently holds a valid driver's license, which has not been revoked or suspended for one or more traffic violations during the 3 years immediately prior to the date of application; demonstrates physical fitness to operate vehicles by submitting the results of a medical examination conducted by a licensed physician; has not been convicted of more than 2 offenses against traffic regulations governing the movement of vehicles within a twelve month period: has not been convicted of reckless driving or driving under the influence or manslaughter or reckless homicide resulting from the operation of a motor vehicle within the past 3 years; has signed and submitted a written statement certifying that the person has not, through the unlawful operation of a motor vehicle, caused a crash which resulted in the death of any person within the 5 years immediately prior to the date of application. However, such day care centers, group homes and child care institutions may provide for transportation of a child or children for special outings, functions or purposes that are not scheduled on a regular basis without verification that drivers for such purposes meet the requirements of this Section.

225 ILCS 10/7.2) (from Ch. 23, par. 2217.2)

Sec. 7.2. Employer discrimination. For purposes of this Section, "employer" means a licensee or holder of a permit subject to this Act. "Employee" means an employee of such an employer. No employer shall discharge, demote or suspend, or threaten to discharge, demote or suspend, or in any manner discriminate against any employee who: Makes any good faith oral or written complaint of any employer's violation of any licensing or other laws (including but not limited to laws concerning child abuse or the transportation of children) which may result in closure of the facility pursuant to Section 11.2 of this Act to the Department or other agency having statutory responsibility for the enforcement of such laws or to the employer or representative of the employer.

Section 407.45 Definitions

"Age-appropriate safety restraint" for a child under 4 years of age means a child restraint system (infant carrier, infant/toddler seat, or convertible safety seat) that meets the standards of the United States Department of Transportation designed to restrain, seat or position children. For a child 4 years of age or older, an age appropriate safety restraint means a child restraint system or seat belt (lap belt or lap shoulder belt combination)

Section 407.220 Special Requirements for School-Age Children

Clear definitions of legal responsibility and procedures shall be established among parent, facility and school when children move to and from school. 1) A parent shall be legally responsible for the child en route to the center unless transportation or escort service is provided by the center or the school. 2) Plans for transportation shall be established and agreed upon in writing by the parents, the school and the facility. Parents must sign a written consent allowing school-age children to be transported to another location or to their home where they are placed on their own supervision. Transportation plans may include, but are not limited to: A) Children leaving the center to go to school; B) Children leaving school to go to the center; and C) Children leaving the center.

Section 407.250 Enrollment and Discharge Procedures

The day care center shall enroll only those children eligible under the center's written enrollment policies. The center shall not use eligibility criteria that screen out children with disabilities, and shall make reasonable modifications in policies, practices and procedures to accommodate children with disabilities. Prior to enrollment, the parents shall be provided information about the program and given an opportunity to observe during the hours of operation. The day care center shall provide publicly available written statements that include the following and that are given to parents at the time their child is enrolled in the facility: Names, business address and telephone number of those persons legally responsible for the program and of those persons having immediate responsibility for the daily conduct of the program; Statement of services, purposes and goals; Description of the daily program; Fees and plan for payment; Policies regarding delinquent fees; Types of insurance coverage for children; Admission, enrollment, and discharge policies and procedures: Hours of operation; Information regarding part-time enrollment, if applicable; Holiday and vacation schedules; Arrangements for arrival and departure of children (time, location, transportation); Visits, trips, or excursions off the premises and the transportation used for these visits, trips, or excursions; Written agreements and consents for the following shall be on file for each child: A) Visits, trips or excursions off the premises, including transportation arrangements, when appropriate; School attendance away from the center, if applicable, including the time the child shall be released and the means of transportation the child shall use; Participation in athletic activities such as swimming or gymnastics, if applicable; and H) Use of facility transportation, if applicable.

Section 407.260 Daily Arrival and Departure of Children

When the center has a written policy or an individual plan for a specific school-age child, that child may be allowed to leave the center unaccompanied with written authorization from their parent or parents. The authorization must include: the time of release from the center; the means of transportation the child will use and, if applicable, the time the child is to return to the center; the procedure to be followed if the child does not return at the expected time; and the designated staff person to enter the time of the child's departure and initial the log.

Section 407.280 Transportation

These requirements shall apply to any day care center that provides or arranges for the provision of transportation for children as follows: To or from their homes or other pre-arranged sites and the center; In connection with an activity conducted by or through the auspices of the center; and from the center to a hospital, clinic or office for medical treatment (except in emergency situations). A center providing transportation services shall comply with the driver licensing, Rules of the Road, financial responsibility, vehicle equipment and vehicle inspection provisions of the Illinois Vehicle Code [625 ILCS 5]. The driver of a vehicle transporting children on behalf of a day care center, whether paid or unpaid, shall comply with the following requirements: is 21 years of age or older; currently holds a valid driver's license, which has not been revoked or suspended for one or more traffic violations during the three years immediately prior to the date of application; demonstrates physical fitness to operate vehicles by submitting the results of a medical examination conducted by a licensed physician; has not been convicted of more than two offenses against traffic regulations governing the movement of vehicles within a twelve month period; has not been convicted of reckless driving or driving under the influence or manslaughter or reckless homicide resulting from the operation of a motor vehicle within the past three years; has signed and submitted a written statement certifying that he has not, through the unlawful operation of a motor vehicle, caused an accident which resulted in the death of any person within the five years immediately prior to the date of application. However, any day care center may provide for transportation of a child or children for special outings, functions or purposes that are not scheduled on a regular basis without verification that drivers for such purposes meet the requirements of this Section. [225 ILCS 10/5.1(a)] A child care facility driver application and a copy of the current medical form shall be submitted to the Department for any individual who transports children regularly on behalf of a day care center. Any individual who holds a valid unrestricted Illinois school bus driver permit issued by the Secretary of State pursuant to the Illinois Vehicle Code, and who is currently employed by a school district or parochial school, or by a contractor with a school district or parochial school, to drive a school bus transporting children to and from school, shall be deemed in compliance with the requirements of subsections above. [225 ILCS 10/5.1(b)]. The driver and attendants shall meet the requirements of Section 407.100. The driver shall not leave the vehicle unattended at any time while transporting children. The driver shall see that each child boards and exits the vehicle from the curb side of the street and/or is safely conducted across the street. The route shall be planned so that, whenever possible, the child exits on the same side of the street as the child's destination. The driver shall see that a responsible person as designated by the child's parents or guardian is present to take charge of a child when delivered to his or her destination. The driver shall see that order is maintained in the vehicle for safety of the children in transit. The number of children transported in a vehicle shall not exceed the manufacturer's rated passenger capacity. The staff/child ratios as listed in this subsection shall be maintained. A driver alone may transport two infants or three toddlers and shall be assisted by an adult attendant for each additional one to three infants or one to four toddlers.

A driver alone may transport eight children between two and five years of age

and shall be assisted by an adult attendant for each additional one to eight children between two and five years of age. A driver alone may transport ten children between three and five years of age and shall be assisted by an adult attendant for each additional one to ten children between three and five years of age. When children under two years of age are transported with children two years of age or older, the staff/child ratio shall be in accordance with Section 407.190. When school-age children are transported for program activities, the staff/child ratio shall be in accordance with Section 407.190.

Age-appropriate safety restraints which are federally approved and labeled as such shall be used at all times when transporting children in vehicles having a gross weight of less than 10,000 pounds, except that individual safety restraints shall not be required when children ride as passengers in taxicabs or common carriers or public utilities operating under the jurisdiction of the Illinois Commerce Commission. No more than one child may be in each seat belt.

A vehicle used by the center to transport children shall be maintained in mechanically safe condition at all times. The driver must inspect the vehicle before use each day, both internally and externally, including all safety equipment and possible hazards, and ensure that the headlights, turn signals, stop arms, and windshield wipers are in sound operating condition, that the tires are inflated to correct pressure and the vehicle has more than an adequate supply of fuel for transportation that day.

The driver shall inspect the vehicle after each use to assure that no child is left in the vehicle.

Any vehicle used for the transportation of children on behalf of the day care center shall be equipped with a first-aid kit when used for transporting children. The first aid kit shall consist of the items required by Section 407.380.

A written emergency plan to be followed in case of accidents, serious illness, severe weather alerts, and other pertinent information shall be maintained. The emergency plan shall remain in the possession of the driver while en route. With the exception of school buses, vehicle doors shall be locked at all times when the vehicle is moving. The doors shall be opened and closed only by the driver or by another designated adult.

The driver shall not allow children to stand in a moving vehicle, sit on the floor of a vehicle in use or extend any part of their body through the vehicle windows. The facility shall maintain a written plan for scheduled transportation of children, which shall include: The schedule of the transportation route. When after-school transportation is provided, the schedule shall insure that children are not left waiting for a long period for the vehicle to arrive; The name and address of the persons authorized to receive a child delivered to a place other than the child's residence; Procedures to be followed when the parent or authorized adult is not present to receive the child; and written safety precautions to be followed, along with a written emergency plan.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules**

regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

Section 406.18 Transportation of Children By Day Care Home

Children may be transported only when the child/adult ratios in accordance with Section 406.13 are maintained and the person transporting is 18 years of age or older and has a valid driver's license for the vehicle classification being used. Caregivers shall be responsible for assuring the safe transport of children. Each child shall be individually fastened into a suitable infant or child restraint device whenever the vehicle is in motion. The restraint shall be federally approved and labeled as such and used in accordance with the manufacturer's instructions. This requirement shall not apply to a child for whom a physician has certified, in writing, that the child has a physical handicap that prevents wearing an appropriate restraint device.

While transporting children, the driver shall be responsible for seeing that: Each child shall board or leave the vehicle from the curb side of the street, and shall be safely conducted to the home or facility; A responsible person as designated by the child's parents or guardian shall receive the child when delivered to the home or the facility; No child shall be left unattended in a vehicle; The vehicle shall be safely equipped and the caregiver shall comply with State and local laws pertaining to vehicles; The vehicle shall be equipped in accordance with requirements of the Illinois Vehicle Equipment Law [625 ILCS 5/Ch. 12] and local vehicle safety ordinances; Evidence of compliance regarding vehicle liability and medical insurance shall be on file with the home records. Evidence may consist of, but is not limited to, a copy of an insurance policy, binder or certificate, or a letter from the insurance carrier. The vehicle shall be equipped with safety locking devices on doors and shall be maintained in a mechanically safe condition at all times.

408 Section 408.90 Transportation of Children

Children may be transported only when the child/adult ratios in accordance with Section 408.65 are maintained and the person transporting is 18 years of age or older and has a valid driver's license for the vehicle classification being used. Caregivers shall be responsible for assuring the safe transport of children. Each child shall be individually fastened into a suitable infant or child restraint device whenever the vehicle is in motion. The restraint shall be federally approved and labeled as such and used in accordance with the manufacturer's instructions. This requirement shall not apply to a child for whom a physician has certified, in writing, that the child has a physical handicap that prevents wearing an appropriate restraint device. While transporting children, the driver shall be responsible for seeing that: Each child shall board or leave the vehicle from the curb side of the street, and shall be safely conducted to the home or facility and a responsible person as designated by the child's parent or guardian shall receive the child when delivered to the home or the facility. No child shall be left unattended in a vehicle. The vehicle shall be safely equipped and the caregiver shall comply with State and local laws pertaining to vehicles. The vehicle shall be equipped in accordance with requirements of the Illinois Vehicle Equipment Law [625 ILCS 5/Ch. 12] and local vehicle safety ordinances. Evidence of compliance

regarding vehicle liability and medical insurance shall be on file with the home records. Evidence may consist of, but is not limited to, a copy of an insurance policy, binder or certificate; or a letter from the insurance carrier. The vehicle shall be equipped with safety locking devices on doors and shall be maintained in mechanically safe condition at all times.

Section 408.90 Transportation of Children

Children may be transported only when the child/adult ratios in accordance with Section 408.65 are maintained and the person transporting is 18 years of age or older and has a valid driver's license for the vehicle classification being used. Caregivers shall be responsible for assuring the safe transport of children. Each child shall be individually fastened into a suitable infant or child restraint device whenever the vehicle is in motion. The restraint shall be federally approved and labeled as such and used in accordance with the manufacturer's instructions. This requirement shall not apply to a child for whom a physician has certified, in writing, that the child has a physical handicap that prevents wearing an appropriate restraint device. While transporting children, the driver shall be responsible for seeing that: Each child shall board or leave the vehicle from the curb side of the street, and shall be safely conducted to the home or facility; a responsible person as designated by the child's parent or guardian shall receive the child when delivered to the home or the facility; no child shall be left unattended in a vehicle; the vehicle shall be safely equipped and the caregiver shall comply with State and local laws pertaining to vehicles; the vehicle shall be equipped in accordance with requirements of the Illinois Vehicle Equipment Law [625 ILCS 5/Ch. 12] and local vehicle safety ordinances; evidence of compliance regarding vehicle liability and medical insurance shall be on file with the home records. Evidence may consist of, but is not limited to, a copy of an insurance policy, binder or certificate; or a letter from the insurance carrier and the vehicle shall be equipped with safety locking devices on doors and shall be maintained in mechanically safe condition at all times.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Child care providers must ensure the safety of children in all activities of child care. Proper restraint systems and the correct use of them are critically important during travel to/from the child care setting as well as a part of the activities of the setting. The child care provider must ensure that children are never left unattended in a vehicle.

Smoking is prohibited in vehicles used to transport children. Only insured, licensed, well- maintained vehicles will be used to transport children. Drivers will be legally licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely. Drivers will meet staff qualifications including the applicable background check.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Child care providers must ensure the safety of children in all activities of child

care. Proper restraint systems and the correct use of them are critically important during travel to/from the child care setting as well as a part of the activities of the setting. The child care provider must ensure that children are never left unattended in a vehicle.

Smoking is prohibited in vehicles used to transport children. Only insured, licensed, well- maintained vehicles will be used to transport children. Drivers will be legally licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely. Drivers will meet staff qualifications including the applicable background check.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care providers must ensure the safety of children in all activities of child care. Proper restraint systems and the correct use of them are critically important during travel to/from the child care setting as well as a part of the activities of the setting. The child care provider must ensure that children are never left unattended in a vehicle.**

Smoking is prohibited in vehicles used to transport children. Only insured, licensed, well- maintained vehicles will be used to transport children. Drivers will be legally licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely. Drivers will meet staff qualifications including the applicable background check.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care providers must ensure the safety of children in all activities of child care. Proper restraint systems and the correct use of them are critically important during travel to/from the child care setting as well as a part of the activities of the setting. The child care provider must ensure that children are never left unattended in a vehicle.**

Smoking is prohibited in vehicles used to transport children. Only insured, licensed, well- maintained vehicles will be used to transport children. Drivers will be legally licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely. Drivers will meet staff qualifications including the applicable background check.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

(225 ILCS 10/7) (from Ch. 23, par. 2217) Sec. 7.
(4) The number of individuals or staff required to insure adequate supervision and care of the children received. The standards shall provide that each child care institution, maternity center, day care center, group home, day care home, and group day care home shall have on its premises during its hours of operation at least one staff member certified in first aid, in the Heimlich maneuver and in cardiopulmonary resuscitation by the American Red Cross or other organization approved by rule of the Department. Child welfare agencies shall not be subject to such a staffing requirement. The Department may offer, or arrange for the offering, on a periodic basis in each community in this State in cooperation with the American Red Cross, the American Heart Association or other appropriate organization, voluntary programs to train operators of foster family homes and day care homes in first aid and cardiopulmonary resuscitation;

Section 407.65 Provisions Pertaining to Permits
a) A permit shall not be issued prior to the following:
3) Employment of staff who meet the requirement for first-aid, Heimlich maneuver, and cardiopulmonary resuscitation (CPR) found in Section 407.100(h), with the food service sanitation requirements, and the development of a projected staffing plan indicating the timetable by which additional qualified staff shall be hired;

Section 407.100 General Requirements for Personnel
h) The center shall have on duty at all times at least one staff member who has successfully completed training and is currently certified in first aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver, and for centers serving infants, first aid for choking infants in accordance with the approved method specified in the Department of Public Health's rules 77 Ill. Adm. Code 520 (The Treatment of Choking Victims). CPR certification must be specific for all age groups served, i.e., infant (birth to 12 months), child (one to 8 years) and adult (eight years and older). i) Any center that serves food shall have posted in a conspicuous location visible to employees the Choke Saving Methods Poster available from the Illinois Department of Public Health at http://www.state.il.us/about/choking.htm.

Section 407.120 Personnel Records
e) The day care center shall maintain written documentation of the following:
1) That a person certified in food service sanitation is on site to manage the preparation and/or service of food, including the service of catered food. This requirement does not apply if the center serves no food, or serves only prepackaged prepared snacks. Refer to the Illinois Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750); 2) That in-service training is being provided as required for the child care director and each member of the child care staff; 3) That an employee who has successfully completed training and is currently certified in first-aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver is on site at all times. CPR certification shall be specific for all age groups served (infant, child and adult);

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

406.7(a)(4)- The applicant who is the primary caregiver has been certified in first aid, the Heimlich maneuver, and infant/child cardiopulmonary resuscitation (CPR) in accordance with Section 406.9(n).

406.9(n) The licensee who is the primary caregiver shall be certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health.

406.9(o) During the hours of operation of the day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross or the American. Heart Association, or other entity approved by the Illinois Department of Public Health. The caregivers shall have on file current certificates attesting to the training.

408.35(i) During hours of operation of the group day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health. CPR certification shall be for the age range of children in care. The caregivers shall have on file current certificates attesting to the training.

408.45 (j) The caregivers shall be responsible for the planning and supervision of the program and activities of the children; orienting child care assistants and substitutes to the operation of the group day care home; on-site supervision of child care assistants; and in-service training totaling a minimum of 15 clock hours per year for the child care assistants. Orientation and training may be provided by the primary caregivers or outside resource persons and shall include recognizing and reporting child abuse or neglect, licensing standards prescribed by this Part, first aid, health and sanitation, fire prevention and safety procedures, special health, developmental, or nutritional needs of children cared for in the group day care home.

408.25(a)(5) The applicant who is the primary caregiver has been certified in first aid, the Heimlich maneuver, and infant/child cardiopulmonary resuscitation (CPR) in accordance with Section 408.35(i);

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all staff and substitutes for License Exempt Centers are required to complete certification for Pediatric CPR and First Aid within 90 days.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all License Exempt homes providers and substitutes are required to complete certification for Pediatric CPR and First Aid within 90 days.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all License Exempt homes providers and substitutes are required to complete certification for Pediatric CPR and First Aid within 90 days.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all staff and substitutes for License Exempt Centers are required to complete certification for Pediatric CPR and First Aid within 90 days.**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

(225 ILCS 10/7) (from Ch. 23, par. 2217) Sec. 7.
(4) The number of individuals or staff required to insure adequate supervision and care of the children received. The standards shall provide that each child care institution, maternity center, day care center, group home, day care home, and group day care home shall have on its premises during its hours of operation at least one staff member certified in first aid, in the Heimlich maneuver and in

cardiopulmonary resuscitation by the American Red Cross or other organization approved by rule of the Department. Child welfare agencies shall not be subject to such a staffing requirement. The Department may offer, or arrange for the offering, on a periodic basis in each community in this State in cooperation with the American Red Cross, the American Heart Association or other appropriate organization, voluntary programs to train operators of foster family homes and day care homes in first aid and cardiopulmonary resuscitation;

Section 407.65 Provisions Pertaining to Permits
a) A permit shall not be issued prior to the following:
3) Employment of staff who meet the requirement for first-aid, Heimlich maneuver, and cardiopulmonary resuscitation (CPR) found in Section 407.100(h), with the food service sanitation requirements, and the development of a projected staffing plan indicating the timetable by which additional qualified staff shall be hired;

Section 407.100 General Requirements for Personnel
h) The center shall have on duty at all times at least one staff member who has successfully completed training and is currently certified in first aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver, and for centers serving infants, first aid for choking infantsin accordance with the approved method specified in the Department of Public Health's rules 77 Ill. Adm. Code 520 (The Treatment of Choking Victims). CPR certification must be specific for all age groups served, i.e., infant (birth to 12 months), child (one to 8 years) and adult (eight years and older). i) Any center that serves food shall have posted in a conspicuous location visible to employees the Choke Saving Methods Poster available from the Illinois Department of Public Health at http://www.state.il.us/about/choking.htm.

Section 407.120 Personnel Records
e) The day care center shall maintain written documentation of the following:
1) That a person certified in food service sanitation is on site to manage the preparation and/or service of food, including the service of catered food. This requirement does not apply if the center serves no food, or serves only prepackaged prepared snacks. Refer to the Illinois Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750); 2) That in-service training is being provided as required for the child care director and each member of the child care staff; 3) That an employee who has successfully completed training and is currently certified in first-aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver is on site at all times. CPR certification shall be specific for all age groups served (infant, child and adult);

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those

rules currently refer to DCFS; however, will change to IDEC.

406.7(a)(4)- The applicant who is the primary caregiver has been certified in first aid, the Heimlich maneuver, and infant/child cardiopulmonary resuscitation (CPR) in accordance with Section 406.9(n).

406.9(n) The licensee who is the primary caregiver shall be certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health.

406.9(o) During the hours of operation of the day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross or the American. Heart Association, or other entity approved by the Illinois Department of Public Health. The caregivers shall have on file current certificates attesting to the training.

408.35(i) During hours of operation of the group day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health. CPR certification shall be for the age range of children in care. The caregivers shall have on file current certificates attesting to the training.

408.45 (j) The caregivers shall be responsible for the planning and supervision of the program and activities of the children; orienting child care assistants and substitutes to the operation of the group day care home; on-site supervision of child care assistants; and in-service training totaling a minimum of 15 clock hours per year for the child care assistants. Orientation and training may be provided by the primary caregivers or outside resource persons and shall include recognizing and reporting child abuse or neglect, licensing standards prescribed by this Part, first aid, health and sanitation, fire prevention and safety procedures, special health, developmental, or nutritional needs of children cared for in the group day care home.

408.25(a)(5) The applicant who is the primary caregiver has been certified in first aid, the Heimlich maneuver, and infant/child cardiopulmonary resuscitation (CPR) in accordance with Section 408.35(i);

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all staff and

substitutes for License Exempt Centers are required to complete certification for Pediatric CPR and First Aid within 90 days.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all License Exempt homes providers and substitutes are required to complete certification for Pediatric CPR and First Aid within 90 days.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all License Exempt homes providers and substitutes are required to complete certification for Pediatric CPR and First Aid within 90 days.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 6 Administrative of the License Exempt Health and Safety Standards address CPR/First Aid requirements for staff completion. Additionally, in the Child Care Assistance Program (CCAP) Policy Manual, Section 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements, all staff and substitutes for License Exempt Centers are required to complete certification for Pediatric CPR and First Aid within 90 days.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

CHILDREN
(325 ILCS 5/) Abused and Neglected Child Reporting Act.

Any person who enters into employment on and after July 1, 1986 and is mandated by virtue of that employment to report under this Act, shall sign a statement on a form prescribed by the Department, to the effect that the employee has knowledge and understanding of the reporting requirements of this Act. On and after January 1, 2019, the statement shall also include information about available mandated reporter training provided by the Department. The statement shall be signed prior to commencement of the employment. The signed

statement shall be retained by the employer. The cost of printing, distribution, and filing of the statement shall be borne by the employer.

Persons required to report child abuse or child neglect as provided under this Section must complete an initial mandated reporter training, including a section on implicit bias, within 3 months of their date of engagement in a professional or official capacity as a mandated reporter, or within the time frame of any other applicable State law that governs training requirements for a specific profession, and at least every 3 years thereafter. The initial requirement only applies to the first time they engage in their professional or official capacity. In lieu of training every 3 years, medical personnel, as listed in paragraph (1) of subsection (a), must meet the requirements described in subsection (k).

The mandated reporter trainings shall be in-person or web-based, and shall include, at a minimum, information on the following topics: indicators for recognizing child abuse and child neglect, as defined under this Act; the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation; responding to a child in a trauma- informed manner; and understanding the response of child protective services and the role of the reporter after a call has been made. Child-serving organizations are encouraged to provide in-person annual trainings.

The mandated reporter trainings shall be in-person or web-based, and shall include, at a minimum, information on the following topics: indicators for recognizing child abuse and child neglect, as defined under this Act; the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation; responding to a child in a trauma-informed manner; and understanding the response of child protective services and the role of the reporter after a call has been made. Child-serving organizations are encouraged to provide in-person annual trainings.

The implicit bias section shall be in-person or web-based, and shall include, at a minimum, information on the following topics: implicit bias and racial and ethnic sensitivity. As used in this subsection, "implicit bias" means the attitudes or internalized stereotypes that affect people's perceptions, actions, and decisions in an unconscious manner and that exist and often contribute to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. The implicit bias section shall provide tools to adjust automatic patterns of thinking and ultimately eliminate discriminatory behaviors. During these trainings mandated reporters shall complete the following: a pretest to assess baseline implicit bias levels; an implicit bias training task; and a posttest to reevaluate bias levels after training. The implicit bias curriculum for mandated reporters shall be developed within one year after January 1, 2022 (the effective date of Public Act 102-604) and shall be created in consultation with organizations demonstrating expertise and or experience in the areas of implicit bias, youth and adolescent developmental issues, prevention of child abuse, exploitation, and neglect, culturally diverse family systems, and the child welfare system.

The mandated reporter training, including a section on implicit bias, shall be provided through the Department, through an entity authorized to provide continuing education for professionals licensed through the Department of Financial and Professional Regulation, the State Board of Education, the Illinois

Law Enforcement Training Standards Board, or the Illinois State Police, or through an organization approved by the Department to provide mandated reporter training, including a section on implicit bias. The Department must make available a free web-based training for reporters.

Section 407.70 Organization and Administration

Suspected child abuse or neglect shall be reported immediately to the Child Abuse/Neglect Hotline as required by the Abused and Neglected Child Reporting Act, as amended. The telephone number for the reporting hotline is 1-800-252-2873.

Section 407.100 General Requirements for Personnel

The director and each child care staff member shall participate in 15 clock hours of in-service training per year. For the first year of employment, topics that must be included in the training are staff requirements to recognize and report suspected child abuse or neglect, how to make a child abuse or neglect report, rules governing the operation of the facility, and the legal protection afforded to persons who report violations of licensing standards. Subsequent in-service training may include, but shall not be limited to, child development, symptoms of common childhood illnesses, hygiene, guidance and discipline, and communication with parents.

Section 407.250 Enrollment and Discharge Procedures

The facility shall distribute a summary of the licensing standards, provided by the Department, to the parents of each child at the time that the child is accepted for care in the facility. In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease shall be distributed to the parents or each child cared for when designated for distribution by the Department.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

All Licensed Home Providers types are required under the Authority of the follow Acts: Child Care Act of 1969, and Section 3 of the Abused and Neglected Child Reporting Act [325 ILCS 5/3] to comply with Recognizing and Reporting Child Abuse and Neglect and their Acknowledgment of Mandated Reporter Status. Licensed home providers and staff are required under the Abused and Neglected Child Reporting Act [325 ILCS 5/4] to participate & complete in the DCFS Recognizing and Reporting Child Abuse: Training for Mandated Reporters. Additionally, Licensed Home Providers and each staff person under this Act and as outlined in the Daycare Home and Group Daycare Licensing Standards in Section

406.24 Records and Reports (m) and Section 408.120 Records and Reports (k) are required to sign and date, on a form prescribed by the Department, their Acknowledgement of Mandated Reporter Status. This form is required to be maintained by the Licensed Home Provider. At the time of Application, all Licensed Home Providers types are required to complete the DCFS Recognizing and Reporting Child Abuse: Training for Mandated Reporters. This is referenced in the Daycare Home and Group Daycare Licensing Standards under Section 406.4 (b)(2)(E) Application for License and in Section 408.10 (b)(2)(E) Application for License.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **CCAP Policy 05.01.03 I. 6- Prevention of shaken baby syndrome and abusive head trauma and child maltreatment**

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and identifying abuse and neglect are addressed as requirements for the provider.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **CCAP Policy 05.01.03 I. 6- Prevention of shaken baby syndrome and abusive head trauma and child maltreatment**

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and identifying abuse and neglect are addressed as requirements for the provider.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **CCAP Policy 05.01.03 I. 6- Prevention of shaken baby syndrome and abusive head trauma and child maltreatment**

Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Child care providers and staff (if applicable) who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood. Child maltreatment either as an incident or discipline or otherwise, and recognition of the warning signs of abuse and neglect.

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and identifying abuse and neglect are addressed as requirements for the provider.

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

CHILDREN
(325 ILCS 5/) Abused and Neglected Child Reporting Act.

Any person who enters into employment on and after July 1, 1986 and is mandated by virtue of that employment to report under this Act, shall sign a statement on a form prescribed by the Department, to the effect that the employee has knowledge and understanding of the reporting requirements of this Act. On and after January 1, 2019, the statement shall also include information about available mandated reporter training provided by the Department. The statement shall be signed prior to commencement of the employment. The signed statement shall be retained by the employer. The cost of printing, distribution, and filing of the statement shall be borne by the employer.

Persons required to report child abuse or child neglect as provided under this Section must complete an initial mandated reporter training, including a section on implicit bias, within 3 months of their date of engagement in a professional or official capacity as a mandated reporter, or within the time frame

of any other applicable State law that governs training requirements for a specific profession, and at least every 3 years thereafter. The initial requirement only applies to the first time they engage in their professional or official capacity. In lieu of training every 3 years, medical personnel, as listed in paragraph (1) of subsection (a), must meet the requirements described in subsection (k).

The mandated reporter trainings shall be in-person or web-based, and shall include, at a minimum, information on the following topics: (i) indicators for recognizing child abuse and child neglect, as defined under this Act; (ii) the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation; (iii) responding to a child in a trauma-informed manner; and (iv) understanding the response of child protective services and the role of the reporter after a call has been made. Child-serving organizations are encouraged to provide in-person annual trainings.

The implicit bias section shall be in-person or web-based, and shall include, at a minimum, information on the following topics: (i) implicit bias and (ii) racial and ethnic sensitivity. As used in this subsection, "implicit bias" means the attitudes or internalized stereotypes that affect people's perceptions, actions, and decisions in an unconscious manner and that exist and often contribute to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. The implicit bias section shall provide tools to adjust automatic patterns of thinking and ultimately eliminate discriminatory behaviors. During these trainings mandated reporters shall complete the following: (1) a pretest to assess baseline implicit bias levels; (2) an implicit bias training task; and (3) a posttest to reevaluate bias levels after training. The implicit bias curriculum for mandated reporters shall be developed within one year after January 1, 2022 (the effective date of Public Act 102-604) and shall be created in consultation with organizations demonstrating expertise and or experience in the areas of implicit bias, youth and adolescent developmental issues, prevention of child abuse, exploitation, and neglect, culturally diverse family systems, and the child welfare system.

The mandated reporter training, including a section on implicit bias, shall be provided through the Department, through an entity authorized to provide continuing education for professionals licensed through the Department of Financial and Professional Regulation, the State Board of Education, the Illinois Law Enforcement Training Standards Board, or the Illinois State Police, or through an organization approved by the Department to provide mandated reporter training, including a section on implicit bias. The Department must make available a free web-based training for reporters.

Section 407.70 Organization and Administration

Suspected child abuse or neglect shall be reported immediately to the Child Abuse/Neglect Hotline as required by the Abused and Neglected Child Reporting Act, as amended. The telephone number for the reporting hotline is 1-800-252-2873.

Section 407.100 General Requirements for Personnel

The director and each child care staff member shall participate in 15 clock hours of in-service training per year. For the first year of employment, topics that

must be included in the training are staff requirements to recognize and report suspected child abuse or neglect, how to make a child abuse or neglect report, rules governing the operation of the facility, and the legal protection afforded to persons who report violations of licensing standards. Subsequent in-service training may include, but shall not be limited to, child development, symptoms of common childhood illnesses, hygiene, guidance and discipline, and communication with parents.

Section 407.250 Enrollment and Discharge Procedures

The facility shall distribute a summary of the licensing standards, provided by the Department, to the parents of each child at the time that the child is accepted for care in the facility. In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease shall be distributed to the parents or each child cared for when designated for distribution by the Department.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

All Licensed Home Providers types are required under the Authority of the follow Acts: Child Care Act of 1969, and Section 3 of the Abused and Neglected Child Reporting Act [325 ILCS 5/3] to comply with Recognizing and Reporting Child Abuse and Neglect and their Acknowledgment of Mandated Reporter Status. Licensed home providers and staff are required under the Abused and Neglected Child Reporting Act [325 ILCS 5/4] to participate & complete in the DCFS Recognizing and Reporting Child Abuse: Training for Mandated Reporters. Additionally, Licensed Home Providers and each staff person under this Act and as outlined in the Daycare Home and Group Daycare Licensing Standards in Section 406.24 Records and Reports (m) and Section 408.120 Records and Reports (k) are required to sign and date, on a form prescribed by the Department, their Acknowledgement of Mandated Reporter Status. This form is required to be maintained by the Licensed Home Provider. At the time of Application, all Licensed Home Providers types are required to complete the DCFS Recognizing and Reporting Child Abuse: Training for Mandated Reporters. This is referenced in the Daycare Home and Group Daycare Licensing Standards under Section 406.4 (b)(2)(E) Application for License and in Section 408.10 (b)(2)(E) Application for License.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: 5.01.03 CCAP

Provider Health and Safety Standards Requirements and Monitoring: Recognition and reporting of child abuse and neglect: The purpose of this online course is to help all Illinois Mandated Reporters, including child care providers, understand their critical role in protecting children by recognizing and reporting child abuse.

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and reporting abuse and neglect are addressed as requirements for the provider.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **5.01.03 CCAP Provider Health and Safety Standards Requirements and Monitoring: Recognition and reporting of child abuse and neglect: The purpose of this online course is to help all Illinois Mandated Reporters, including child care providers, understand their critical role in protecting children by recognizing and reporting child abuse.**

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and reporting abuse and neglect are addressed as requirements for the provider.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **5.01.03 CCAP Provider Health and Safety Standards Requirements and Monitoring: Recognition and reporting of child abuse and neglect: The purpose of this online course is to help all Illinois Mandated Reporters, including child care providers, understand their critical role in protecting children by recognizing and reporting child abuse.**

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and reporting abuse and neglect are addressed as requirements for the provider.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **5.01.03 CCAP Provider Health and Safety Standards Requirements and Monitoring: Recognition and reporting of child abuse and neglect: The purpose of this online course is to help all Illinois Mandated Reporters, including child care providers, understand their critical role in protecting children by recognizing and reporting child abuse.**

On the Other Guidelines portion of the Health and Safety Standards for both License Exempt Homes and Centers, Child Maltreatment and reporting abuse and neglect are addressed as requirements for the provider.

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

Section 407.330 Nutrition and Meal Service

Food shall be cooked or prepared at the day care center in a kitchen which has been inspected and approved in accordance with the Illinois Department of Public Health's Food Service Sanitation Code (77 Ill. Adm. Code 750), unless the partially exempt program is exempt per Section 2.09(a)(ii) of the Child Care Act, or food may be purchased from a licensed catering service. Preparation of food, whether on or off site, shall comply with the Food Service Sanitation Code. A copy of these regulations shall be available to appropriate staff. Food service shall be under the management of a State-certified food service manager as required by the Food Handling Regulation Enforcement Act [410 ILCS 625]. None of the operations connected with routine food preparation shall be conducted in a room used for sleeping, caregiving or laundry purposes.

Menus shall be planned at least one week in advance and shall be available for review. If substitutions are made for any food item, menus shall be corrected to reflect meals as served. Substitutions shall be nutritionally equal to the food items being replaced. Corrected menus shall be on file and available for review for one year after the meals were served. Adequate and appropriate food shall be served according to the amount of time the child

spends at the center. The center shall provide ⅓ to ⅔ of the child's daily nutrient needs depending on length of stay, as outlined in the chart below. These nutrient needs are based on the current recommended dietary allowances set by the Food and Nutrition Board of the National Research Council and are outlined in Appendix D and Appendix E. Time Present Per Day-Number of Meals and Snacks Per Day: Two to five hours - One snack; Five to ten hours - One meal and two snacks or two meals and one snack; More than ten hours - Two meals and two snacks or one meal and three snacks.

Meals and snacks for children one year of age and older shall comply with the requirements of Appendix E. Meals shall be prepared so as to moderate fat and sodium content. Limit salty snack foods, such as pretzels or chips.

Meal components are as follows: Milk: Grade A, pasteurized, fortified, fluid milk. Because low-fat and skim milks may not provide adequate levels of calories and fatty acids, these milks shall not be given to children under 2 years of age unless recommended in writing by the child's medical provider. Only milk with a fat content of 1 percent or less may be given to children over 2 years of age, unless recommended in writing by the child's medical provider. Meat or meat alternative: Edible protein such as meat, fish or chicken or other protein sources such as eggs, cheese, dried beans or peas. A casserole or mixed dish must contain the required amount of protein per serving. Fruits and vegetables: Cooked or raw. Each child shall have a total of 2 servings of fruits and/or vegetables for lunch. A good source of vitamin C shall be served daily. These include citrus fruits, melons and other fruits and juices that contain at least 30 mg of vitamin C per serving. Bread or bread alternative: An equivalent serving of cornbread, biscuits, rolls, muffins, bagels or tortillas made of enriched or whole grain meal or flour may be substituted for sliced bread. Bread alternatives include enriched rice, macaroni, noodles, pasta, stuffing, crackers, bread sticks, dumplings, pancakes, waffles and hot or cold cereal. Butter or margarine: As a spread for bread, if desired. Choose monounsaturated and polyunsaturated fats

(olive oil, safflower oil) and soft margarines; avoid trans fats, saturated fats and fried foods. Beverages with added sweeteners, whether natural or artificial, shall not be provided to children. Children shall be offered water to rinse their mouths after snacks and meals when tooth brushing is not possible.

Section 406.17 Nutrition and Meals

Food requirements for children between birth and the age of eating table food shall be geared to the individual needs of the child and determined by consultation with the parents. The facility shall provide one-third to two-thirds of the daily nutritional requirements, depending on the length and time of day of the child's stay. The main meal shall be nutritionally balanced conforming to age appropriate portions and variety as reflected in the Meal Pattern Charts, Appendices A and B.

Children one year of age and older in attendance for more than 2 but less than 5 hours shall be served a mid-session snack consisting of one-half cup of pure fruit juice or full-strength canned or frozen fruit juice that contains at least 30 milligrams of Vitamin C per serving, or one to one-half cup of pasteurized milk, or one serving of citrus fruit. Children one year of age and older in attendance 5 to 10 hours shall be served at least one-third of their daily food requirements, which shall include a well-balanced, nutritive meal. Occasional picnic-type meals may be substituted for a main meal. Mid-morning and mid-afternoon snacks consisting of fruit, fruit juice, or pasteurized milk (as prescribed under subsection (c)) shall be included. Children in attendance for over 10 hours shall be served food to provide at least two-thirds of their daily food requirements. Two meals and the supplemental snacks will meet this requirement. One of the meals may be breakfast or supper, depending on the time the child arrives or departs.

Children under one year of age who are no longer drinking formula or breast milk shall be served whole milk unless low-fat milk is requested by the child's physician. Children shall be served small servings of bite-size pieces. All meals shall be suitable for children and prepared by methods designed to

conserve nutritive value, flavor, and appearance.

Children under 2 years of age shall not be fed whole berries, hard candies, raisins, corn kernels, raw carrots, whole grapes, hot dogs, nuts, seeds, popcorn, or raw peas, as these foods may cause choking. Cooked carrots, corn, peas and bananas may be served to infants only if mashed, grated or pureed. Hot dogs and raw carrots may be served to children between 2 and 3 years of age only if cut into short, thin strips. Up to 3 tbsp. of peanut butter may be served to children ages 3 through 5 if thinly spread on bread, crackers or other foods or if mixed with other foods.

The caregiver may allow meals and snacks to be provided by the parent or legal guardian upon written agreement between the parent and caregiver. Food brought into the facility shall have a label showing the child's name, the date, and the type of food. Potentially hazardous and perishable foods shall be refrigerated properly, and all foods shall be protected against contamination. Meals and snacks provided by the parent or legal guardian for his or her own children shall not be shared with other children. The caregiver shall inform the parent or legal guardian of the nutritional requirements of this Part. The caregiver shall have food available to supplement a child's food brought from home if that food is deficient in meeting the nutrient requirements of this Part. Drinking water shall be readily available to the children at all times. Mealtimes shall be pleasurable experiences for the child. There shall be enough time allowed for meals so the children can eat in an unhurried atmosphere. Children shall be encouraged but not forced to try new foods. Information provided by parents concerning the child's eating habits, food preferences, or special needs should be considered in planning menus. Food preferences and eating habits shall not be permitted to become a source of friction at mealtimes. Mealtimes should occur in a social atmosphere and afford the children the close presence of an attentive adult. Meals shall not be brought from home as a substitute for a meal provided by the facility except as provided in subsection (m).

Provisions of this Section notwithstanding, a child requiring a special diet

due to medical reasons, allergic reactions, or religious beliefs shall be provided meals and snacks in accordance with the child's needs and the written instructions of the child's parent, guardian, or a licensed physician. Such instructions shall list any dietary restrictions/requirements and shall be signed and dated by the child's parent, guardian or physician requesting the special diet. The group day care home may request the parent or guardian to supplement food served by the facility. When food is supplied by the parent or guardian, the facility shall be responsible for assuring that it is properly stored and served to the specific child in accordance with the diet instructions on file at the facility. Records of food intake shall be maintained when indicated by the child's physician.

ii. Access to physical activity. Describe: **Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.**

Section 407.200 Program Requirements for All Ages

The program shall include opportunities for a child to have free choice of activities to play alone, if desired, or with one or several peers chosen by the child. The facility shall provide a basic program of activities geared to the age levels and developmental needs of the children served. The daily program shall be posted in the facility, and shall provide: Regularity of such routines as eating, napping, and toileting with sufficient flexibility to respond to the needs of individual children; A balance of active and quiet activity; Daily indoor and outdoor activities in which children make use of both large and small muscles. The day care provider shall be required to encourage children of all ages to participate daily in at least 2 occasions of age appropriate outdoor time, with active movement or play for children who

are mobile, weather permitting, and in a safe environment. In inclement weather, active play shall be encouraged and supported in indoor play areas. For preschool programs in which individual children receive care for less than 3 hours per day, outdoor activities are recommended to be encouraged by the day care provider, but not required; Children who are mobile shall not be allowed to remain sedentary or to sit passively for more than 30 continuous minutes, except during scheduled rest or nap times, or as otherwise allowed in this Part; Occasional trips and activities away from the facility (frequency to be determined by the day care center);

Section 407.220 Special Requirements for School-Age Children

Special activities outside the confines of the center shall be provided, such as trips to the library. The frequency is to be determined by the center.

406.8 (m)

There shall be safe outdoor space for active play. Space shall be provided for play in yards, nearby parks or playgrounds under adult supervision.
Space shall be protected by physical means (e.g., fence, tree line, chairs, ropes, etc.) against all water hazards, including, but not limited to, pools, ponds, standing water, ornamental bodies of water, and retention ponds, regardless of the depth of the water, and by adult caregiver supervision at times when children in care are present. Other hazards, such as, but not limited to, heavy traffic and construction, shall be inaccessible to children in care through a physical barrier and adult supervision. Play areas shall be well drained and safely maintained.

406.21 School Age Children

A day care home receiving children within the school age range shall comply with the standards for day care homes except when inconsistent with the special requirements in this Section. Programs and activities that meet the developmental needs of school age children shall be provided. Outdoor and indoor activities shall be provided. Children who have been in school all day

shall have time set aside for relaxation and recreation.

406.22(c)(6)

Children shall be taken outdoors for a portion of every day, when weather permits, except when the child is ill or unless indicated otherwise by parent or physician.

408.85 Program

Daily indoor and outdoor activities in which children make use of both large and small muscles; Children shall be taken outdoors for a portion of every day, when weather permits, except when the child is ill or unless indicated otherwise by parents or physician.

408.110 School Age Children

Outdoor equipment appropriate to the developmental levels of the children in care shall be provided, including sports equipment, outdoor games and activities.

408.30 (m)

There shall be a minimum of 75 square feet of outdoor space per child for the total number of children using the area at any one time. At least 25% of the required space shall be on the premises of the group day care home. The remainder may be a public park, playground, or other outdoor recreation area within walking distance (1000 feet) of the group day care home provided the caregiver or an adult assistant accompanies children to this outdoor area.

408.30 (n)There shall be safe outdoor space for active play. Space shall be provided for play in yards, nearby parks or playgrounds under adult supervision. Space shall be protected by physical means (e.g., fence, tree line, chairs, ropes, etc.) against all water hazards, including, but not limited to, pools, ponds, standing water, ornamental bodies of water, and retention

ponds, regardless of the depth of the water, and by adult caregiver supervision at times when children in care are present. Other hazards, such as, but not limited to, heavy traffic and construction, shall be inaccessible to children in care through a physical barrier and adult supervision. Further, outdoor space shall be partitioned or supervised in such a manner that young children are not endangered by the activities of older children. Play areas shall be well drained and safely maintained.

iii. Caring for children with special needs. Describe: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

Section 407.130 Qualifications for Child Care Director

The child care director must successfully complete a basic training course of 6 or more clock hours on providing care to children with disabilities that has been approved by the Department. The day care center shall have on file a certificate attesting to the training of the child care director. Persons employed as a child care director shall complete this training within 36 months from date appointed as child care director. A child care director who has completed training prior to employment may have that training approved as meeting the provisions of this subsection (k). A certificate of training completion and a description of the course content must be submitted to the Department for approval. A child care director who obtains approved training and moves from one day care facility to another shall not be required to take another training course as long as the child care director can provide documentation in the form of a certificate that the training was completed. A training program approved by the Department in providing care for children with disabilities must include the following components: Introduction to Inclusive Child Care; Understanding Child Development in

Relation to Disabilities; Building Relationships With Families; Preparing for and Including Young Children in the Child Care Setting; and Community Services for Young Children With Disabilities (including Early Intervention Services).

Section 407.250 Enrollment and Discharge Procedures

The day care center shall enroll only those children eligible under the center's written enrollment policies. The center shall not use eligibility criteria that screen out children with disabilities, and shall make reasonable modifications in policies, practices and procedures to accommodate children with disabilities.

406.20 Children with Special Needs

Children identified as having special needs shall have activities relating to those needs that are planned with parents and/or consultants. There shall be suitable space and equipment so that the child can function as safely and independently as possible. Areas of the home shall be adapted as necessary if special devices are required for the child to function independently. Space needs shall be determined by considering such factors as age and size of the child, activity recommendation, and ambulation problems. In determining license capacity, children who have special needs due to physical, mental, and/or emotional disabilities shall be considered at the age level at which they function. The age level at which the child functions for purposes of determining child/staff ratios shall be determined by the supervising agency in consultation with personnel involved in providing care or services for the child.

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **NA**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF

health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[ ]	[ ]	[ ]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[ ]	[ ]	[ ]
d. Prevention and response to food and allergic reactions	[x]	[x]	[ ]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[ ]	[ ]	[ ]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and	[ ]	[ ]	[x]

	response planning and procedures			
h.	Handling and storage of hazardous materials and disposal of biocontaminants	**[x]**	**[x]**	**[x]**
i.	Appropriate Precautions in transporting children, if applicable	**[x]**	**[x]**	**[x]**
j.	Pediatric first aid and pediatric CPR (age-appropriate)	**[x]**	**[ ]**	**[x]**
k.	Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l.	Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[x]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **IDHS, the former Lead Agency for licensed childcare has been informed of non-compliance from the preliminary notice issued on March 14, 2024. The Lead Agency does not have standards in place for all required Emergency Preparedness and Response Planning components for Licensed CCDF-eligible providers. DCFS and IDEC seek to provide clarity as it pertains to the preservice orientation training as it appears to not be clear. The Lead Agency is in the process of the regulatory changes needed to come into full compliance. Additional time is required to complete the approval process and then to implement changes to policies and tools.**

If a facility does not care for infants, then their training does not have to include infant training certification. If the center is licensed to serve infants, current training certificates and attendance records that the day care center director, and other staff as required, have completed DCFS-approved trainings on SIDS, SUID, SBS and the safe sleep recommendations of the American Academy of Pediatrics. Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standard precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary. Staff shall have physical re-examinations every 2 years and whenever communicable disease or illness is suspected. Children medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-

8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center. The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophiles influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (http://www.idph.state.il.us). If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school. The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health). Licensing regulations are in the process of being revised to include all topics.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **IDHS, the former Lead Agency for licensed childcare**

was informed of non-compliance on March 13, 2024. The Lead Agency does not have standards in place for all required Emergency Preparedness and Response Planning components for Licensed CCDF-eligible providers. The Lead Agency and DCFS seek to provide clarity as it pertains to the preservice orientation training as it appears to not be clear to DCFS and the Lead Agency in the process of the regulatory changes needed to come into full compliance. Additional time is required to complete the approval process and then to implement changes to policies and tools.

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. Monitoring process frequency depends on the licensing status and if there is a protective or corrective plan issued. For providers with a permit, the monitoring visit is conducted monthly during the permit period and during initial or provisional license within 60 days of issuance. If the provider is under a protective or corrective action plan, the monitoring visit is per scheduled on the plan. After the corrective action plan is completed, the monitoring visit occurs within seven days after the corrective plan end date when violations pose a threat to the health and safety of children, otherwise, within 60 days

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. Illinois Department of Early Childhood

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: IDHS, the former Lead Agency for licensed childcare, was informed of non-compliance March 13, 2024. The Lead Agency does not have standards in place for all required Emergency Preparedness and Response Planning components for Licensed CCDF-eligible providers. DCFS and IDEC seek to provide clarity as it pertains to the preservice orientation training as it appears to not be clear to DCFS. The Lead Agency is in the process of the regulatory changes needed to come into full compliance. Additional time is required to complete the approval process and then to implement changes to policies and tools.

Annual monitoring is conducted once per year, in addition to unannounced

post-violation monitoring to ensure compliance and on-going compliance with licensing standards for which the provider has been cited, unannounced complaint investigations visits, and when determined necessary due to a history of noncompliance. The Department also conducts monthly unannounced monitoring visits when the provider is on their permit (first 6 months of licensure), and weekly when the provider is operating under a protection plan due to a pending child/abuse neglect report or licensing complaint.

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Monitoring process frequency depends on the licensing status and if there is a protective or corrective plan issued. For providers with a permit, the monitoring visit is conducted monthly during the permit period and during initial or provisional license withing 60 days of issuance. If the provider is under a protective or corrective action plan, the monitoring visit is per scheduled on the plan. After the corrective action plan is completed, the monitoring visit occurs within seven days after the corrective plan end date when violations pose a threat to the health and safety of children, otherwise, within 60 days.**

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Illinois Department of Early Childhood (IDEC)**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Do not license in-home child care providers**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative

of the full complement of health and safety requirements.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **NA**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **LE Providers receive an annual inspection visit, at minimum. If there are any non-compliances noted during a Health and Safety Monitoring visit, the Health and Safety Coach may need to schedule a follow up visit pending the non-compliances that were cited.**

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Illinois Department of Early Childhood has executed grant agreements contracts with 16 statewide Child Care Resource and Referral Agencies. As a part of their contract, the agencies hire staff to complete these monitoring inspections on behalf of the Lead Agency.**

As a result, from March 14, 2024 notice of preliminary monitoring results, IDHS, the former Lead Agency, was identified as not having a training component related to identification of and protection from bodies of water. However, the Lead Agency has a health and safety standard related to Building and Physical Location Safety, 1.B. 2 Barriers are used to restrict children from unsafe areas. Such areas include, but are not limited to swimming pools, open drainage ditches, wells or holes. These standards are sent to License Exempt Provider types in advance of their monitoring visit and provided technical assistance by the Health and Safety Coach. There are current measures in place to support providers on this Health and Safety topic but it is not explicitly included in the Health and Safety Basics Training and/or the ECE Level 1 Tier 1 training that providers are required to complete. The Lead Agency is working with the Illinois Network of Child Care Resource and Referral Agencies, INCCRRA, to address the missing training

component. The Health and Safety coaches will continue to provide Technical Assistance and Consultation around this standard for Providers.

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **LE Providers receive an annual inspection visit, at minimum. If there are any non-compliances noted during a Health and Safety Monitoring visit, the Health and Safety Coach may need to schedule a follow up visit pending the non-compliances that were cited.**

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Illinois Department of Early Childhood has executed grant agreements contracts with 16 statewide Child Care Resource and Referral Agencies. As a part of their contract, the agencies hire staff to complete these monitoring inspections on behalf of the Lead Agency.**

As a result, from March 14, 2024 notice of preliminary monitoring results, IDHS, the former Lead Agency, was identified as not having a training component related to identification of and protection from bodies of water. However, the Lead Agency has a health and safety standard related to Building and Physical Location Safety, 1.B. 2 Barriers are used to restrict children from unsafe areas. Such areas include, but are not limited to swimming pools, open drainage ditches, wells or holes. These standards are sent to License Exempt Provider types in advance of their monitoring visit and provided technical assistance by the Health and Safety Coach. There are current measures in place to support providers on this Health and Safety topic but it is not explicitly included in the Health and Safety Basics Training and/or the ECE Level 1 Tier 1 training that providers are required to complete. The Lead Agency is working with the Illinois Network of Child Care Resource and Referral Agencies, INCCRRA, to address the missing training component. The Health and Safety coaches will continue to provide Technical Assistance and Consultation around this standard for Providers.

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **The CCDF non-relative license-exempt family child care providers, categorized as Type 764 and 766 providers by the Lead Agency will receive one announced annual monitoring visit to ensure compliance with the Child Care Assistance Performance Health and Safety Standards. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws. Prior to a monitoring visit, the Health & Safety Coach, located at the Child Care Resource and Referral Agency, explains what the visit will include: namely, a walkthrough of the areas where child care is provided using the Health & Safety checklist. The Health & Safety Coach follows up the monitoring visit with a confirmation letter. During the monitoring visit, the Health and Safety Coach will review identified Health and Safety standards and indicate if the standard is in place. For any standard that is not being met, technical assistance will be provided, and a Corrective Action Plan will be developed and a timeframe to correct the standard set. The Health and Safety Coach will do a follow up visit to ensure the corrective action plan is completed.**

As a result, from March 14, 2024 notice of preliminary monitoring results, IDHS, the former Lead Agency, was identified as not having a training component related to identification of and protection from bodies of water. However, the Lead Agency has a health and safety standard related to Building and Physical Location Safety, 1.B. 2 Barriers are used to restrict children from unsafe areas. Such areas include, but are not limited to swimming pools, open drainage ditches, wells or holes. These standards are sent to License Exempt Provider types in advance of their monitoring visit and provided technical assistance by the Health and Safety Coach. There are current measures in place to support providers on this Health and Safety topic but it is not explicitly included in the Health and Safety Basics Training and/or the ECE Level 1 Tier 1 training that providers are required to complete. The Lead Agency is working with the Illinois Network of Child Care Resource and Referral Agencies, INCCRRA, to address the missing training component. The Health and Safety coaches will continue to provide Technical Assistance and Consultation around this standard for Providers.

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **IDEC through contracts grant agreements with Child Care Resource and Referral agencies.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. **[ ]** Pre-licensing inspection reports for licensed programs.

ii. **[ ]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[x]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **sunshine.dcfs.illinois.gov/Content/Licensing/Daycare/MonitoringReports.aspx**

iv. **[x]** Other. Describe: **As a result, from March 14, 2024 notice of preliminary monitoring results, IDHS, the former Lead Agency, was identified as not posting full monitoring and inspection reports for License Exempt Provider Types. The Lead Agency does not post three years of results for monitoring and inspection reports, inspection reports, and corrective actions taken by the state and the child care provider. Health and safety violations, fatalities or serious injuries are not listed or prominently displayed on the inspection reports. However, the Lead Agency has the Health and Safety Standards Checklist that is used to monitor License Exempt Providers on the parent consumer education website, Illinois Cares for Kids. The Lead Agency needs time to work with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to build out the data systems and format to post the monitoring inspection reports and corrective action plans on the Illinois Cares for Kids website. This is anticipated to be completed by 10/1/24.**

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. **[x]** Date of inspection.

ii. **[x]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **As a result, from March 14, 2024 notice of preliminary monitoring results, IDHS, the former Lead Agency, was identified as not posting full monitoring and inspection reports for License Exempt Provider Types. The Lead Agency does not post three years of results for monitoring and inspection reports, inspection reports, and corrective actions taken by the state and the child care provider. Health and safety violations, fatalities or serious injuries are not listed or prominently displayed on the inspection reports. However, the Lead Agency has the Health and Safety Standards Checklist that is used to monitor License Exempt Providers on the parent consumer education website, Illinois Cares for Kids. The Lead Agency needs time to work with the Illinois Network of Child Care Resource and Referral**

Agencies (INCCRRA) to build out the data systems and format to post the monitoring inspection reports and corrective action plans on the Illinois Cares for Kids website. This is anticipated to be completed by 10/1/24.

ii: DCFS and IDEC are working with their IT staff to ensure that health and safety violations that resulted in serious injuries, Corrective Action Plans and 3 years of results of inspections will be posted on the Sunshine website. sunshine.dcfs.illinois.gov. The Sunshine website notes under annual report serious occurrences the number of serious injuries, Fatalities, Indicated abuse or neglect per facility types. Health & safety violations are noted as out of compliance with a corrective action plan.

The health and safety violation are shown on the report vial the Licensed Day Care Compliance report which shows visit date, citation, address, action taken, status, corrective plan begin date & end date. The citation shows the rule in which the provider is out of compliance with. Listed on the website is also the blank shells that list all of the inspection items that the licensing staff inspect/review when doing their licensing inspections.

iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: As a result, from March 14, 2024 notice of preliminary monitoring results, the Lead Agency was identified as not posting full monitoring and inspection reports for License Exempt Provider Types. The Lead Agency does not post three years of results for monitoring and inspection reports, inspection reports, and corrective actions taken by the state and the child care provider. Health and safety violations, fatalities or serious injuries are not listed or prominently displayed on the inspection reports. However, the Lead Agency has the Health and Safety Standards Checklist that is used to monitor License Exempt Providers on the parent consumer education website, Illinois Cares for Kids. The Lead Agency needs time to work with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to build out the data systems and format to post the monitoring inspection reports and corrective action plans on the Illinois Cares for Kids website. This is anticipated to be completed by 10/1/24.

iii: The DCFS licensing currently does not post the actual corrective action plan for the actual facility that is being inspected with their individual information listed. We currently have a shell on the website that shows what the summary of corrective action plan looks like. The Lead Agency is currently trying to review other state agencies to see how they have been able to come into compliance with this requirement, engaging in discussion with DCFS and IDEC legal & policy as well as the with IDHS to ascertain method to reach compliance. We are requesting additional time to meet.

iv. **[ ]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain: DCFS and IDEC are requesting additional time to meet as the I.T. team is transitioning as well as an update technology team ILCONNECT is currently working on licensing systematic updates.

As a result, from March 14, 2024 notice of preliminary monitoring results, IDHS, the former Lead Agency, was identified as not posting full monitoring and inspection reports for License Exempt Provider Types. The Lead Agency does not post three years of results for monitoring and inspection reports, inspection reports, and corrective actions taken by the state and the child care provider. Health and safety violations, fatalities or serious injuries are not listed or prominently displayed on the inspection reports. However, the Lead Agency has the Health and Safety Standards Checklist that is used to monitor License Exempt Providers on the parent consumer education website, Illinois Cares for Kids. The Lead Agency needs time to work with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to build out the data systems and format to post the monitoring inspection reports and corrective action plans on the Illinois Cares for Kids website. This is anticipated to be completed by 10/1/24.

iv: IDEC licensing acknowledges that there are some inconsistencies on the website as there are some providers that show a couple of years of inspections, but it is not consistent. This will require some technical assistance from I.T. to work out a program that in conducive to meet the requirements of this mandate.

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **sunshine.dcfs.illinois.gov/Content/Licensing/Daycare/MonitoringReports.aspx**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The Lead Agency has 7 days to post once completed. If the visit is done using the mobile monitoring app it is posted within a couple of days as it is automated and one the rep synchs and the supervisor review in in the mobile app they can approve it immediately and then the final synching synchs the violations and uploads the information into the system.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The Illinois Department of Central Management Services is the personnel agency for the State of Illinois. An official job description with required qualifications exists for the Day Care Licensing Representative position. Individuals who apply for these jobs must meet the requirements, which include a minimum of a bachelor's degree and college coursework in early childhood or child development and/or experience in licensing or in a licensed child care setting. Once hired, individuals receive on-the-job training from their supervisors which requires each of the licensing representatives to be certified in the day care licensing standards. This involves the licensing representative to pass tests on the licensing standards for child care centers, family child care homes, group child care homes, and the Child Care Act. The licensing standards include federally required health and safety topics. Since child care facilities cover ages 0-12 years, for both homes and centers, the training received covers different ages and settings. Also the child development is a basic component of the required bachelor's degree the License representative is required to have. These individuals are not assigned a case load until they have successfully passed these tests and completed on-the-job training. License Exempt Monitors must be pre-screened by the IDHS Family Community Resource Centers (FCRC)/Employment and Training Liaison staff, have at least a high school diploma or high school equivalency, be able to clear a comprehensive background check including CANTS, SOR, and Criminal Background via fingerprint check, successfully complete the required training, have a valid driver's license and auto insurance, have basic oral and written communication skills, and basic computer skills.**

Licensing staff are required to take yearly trainings: Ethics, DEI, Disabilities, Cyber Security, Sexual Harassment & LGBTQIA+. DCFS Day Care Licensing Representatives are currently required to attend & complete the items listed above as mandated by the Child Care Act of 1969 and their Central Mangement Service Job duty requirements any additional requirements would have to be negotiated with their Employee Union & the employment agent.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Based on Annual report there were 117 DCLRS (Day Care Licensing Representative) and 8,743 facilities, which averages to about 75 facilities per representative. The typical caseload is larger for those representatives who license only homes and smaller for those who only carry centers. Unannounced monitoring is conducted annually,; renewals are on a three-year-cycle. Permit monitoring is done at least monthly. Protection plan monitoring is conducted weekly on an average during the life of the complaint.**

Post-complaint, post-violation, or follow-up monitoring's are conducted based on the severity and risk the violation(s) present.

There are no policies related to caseload standards in Illinois. With regard to statutory requirements, that would be the Child Care Act of 1969, which can be found in Section 5(h)

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **The Lead Agency requires that the childcare director be responsible for ensuring that all staff receive in-service training totaling a minimum of 15 clock hours per year for each member of the childcare staff. If early childhood assistance is providing direct care without the presence of a teacher-qualified staff they have to successfully complete the child development, health, and safety basic training which adheres to federal standards set forth in 45 CFR 98.41.**

Childcare staff shall be willing to participate in activities leading to professional growth in child development and education, and in training related to the specific needs of the children served. The director and each childcare staff member shall participate in 15 clock hours of in-service training per year. For the first year of employment, topics that must be included in the trainings are staff requirements to recognize and report suspected child abuse and neglect, how to make a child abuse or neglect report, rules governing the operation of the facility, and the legal protection afforded to persons who report violations of licensing standards. Subsequent in-service training may include, but shall not be limited to, child development, symptoms for common childhood illnesses, hygiene, guidance and discipline, and communication with parents. A record of in-service training has to be maintained on site. The required in-service training hours may consist of on-site training, documented attendance at seminars, workshops, conferences and early childhood classes and documented self-study programs that have been approved by the day care center director. Written documentation of certified food service sanitation/food handler (every 3 yrs). Employees who have successfully completed training and are certified in first-aid, CPR & Heimlich maneuver are on site at all times. CPR certification shall be specific for all age groups served (infant, child and adult). Childcare directors must complete 6 or more clock hours in basic training on providing care to children with disabilities (Components: into to inclusive child care, understanding child development in relation to disabilities, building relationships with families, preparing for and including young children in the child care setting and community services for young children with disabilities including early intervention services). Each licensed day care center, day care home, and group day care home shall have at least one staff member present at all times

who has taken a training course in recognizing and responding to anaphylaxis. 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 topics 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 training by July 1, 2022 and shall participate in training that includes the above topics at least once every 3 years. The Licensing Agency is aware that the current layout of the licensing rules does not clearly demonstrate how the 15 hours are monitored and or the components. The licensing agency is currently working on the licensing rules to provide clarity and specification to meet the non-compliance of the preliminary results of March 14, 2024. The licensing agency is anticipating these updates by 12.1.24.

b. License-exempt child care centers: Pursuant to the Illinois Department of Early Childhood Act (Public Act 103-0594), the Department of Early Childhood shall manage all facets of licensing for day care centers, day care homes and group day care homes as prescribed throughout the Child Care Act of 1969. (325 ILCS 3/20-25). The Illinois Administrative Rules regarding day care licensing will transfer from DCFS to IDEC on July 1, 2026. Those rules currently refer to DCFS; however, will change to IDEC.

All license-exempt non-relative providers must complete at least six (6) hours of approved Child Development, Health & Safety training prior to their anniversary date each year. These approved training topics align with the Child Care Development Block Grant required Health and Safety Training Topic Requirements.

05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements.

c. Licensed family child care homes: Appendix D- Day Care Homes

Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants and assistants to care for newborns and infants, and every three years thereafter for the life of the license)

Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

Department-approved Mandated Reporter Training -Every three years per the Abuse and Neglect Reporting Act.

Licensed providers shall complete 15 clock hours of in-service training per period of the licensing year. Caregivers obtaining clock hours in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements.

406. 9 (n)-The licensee who is the primary caregiver shall be certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American

Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health.

406.9 (o) During the hours of operation of the day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and infant/child cardiopulmonary resuscitation (CPR) by the American Red Cross or the American

Heart Association, or other entity approved by the Illinois Department of Public Health. The caregivers shall have on file current certificates attesting to the training.

Appendix G (Group Day Care Home)

d) Licensed providers shall meet the 15 clock hour requirements for in-service training per period of licensing year. Caregivers obtaining clock hours in excess of the required 15 clock hours per year may apply up to 5 clock hours to the next year's training requirements.

Sudden Infant Death Syndrome (SIDS) education (training is required for new applicants and assistants to care for newborns and infants, and every three years thereafter for the life of the license)

Shaken Baby Syndrome (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

Sudden Unexpected Infant Death (SUID) (training is required for new applicants and assistants licensed to care for newborns and infants, and every three years thereafter for the life of the license)

Department-approved Mandated Reporter Training -Every three years per the Abuse and Neglect Reporting Act.

408.25(a)(5)-The applicant who is the primary caregiver has been certified in first aid, the Heimlich maneuver, and infant/child cardiopulmonary resuscitation (CPR) in accordance with Section 408.35(i);

408.35(i)-During hours of operation of the group day care home, there shall be at least one person on the premises certified in first aid, the Heimlich maneuver and cardiopulmonary resuscitation (CPR) by the American Red Cross, the American Heart Association or other entity approved by the Illinois Department of Public Health. CPR certification shall be for the age range of children in care. The caregivers shall have on file current certificates attesting to the training.

d. License-exempt family child care homes: **All license-exempt non-relative providers must complete at least six (6) hours of approved Child Development, Health & Safety training prior to their anniversary date each year. These approved training topics align with the Child Care Development Block Grant required Health and Safety Training Topic Requirements. 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements**

e. Regulated or registered in-home child care: **All license-exempt non-relative providers must complete at least six (6) hours of approved Child Development, Health & Safety training prior to their anniversary date each year. These approved training topics align with the Child Care Development Block Grant required Health and Safety Training Topic Requirements. 05.05.01 - CCAP Provider Health, Safety, and Child Development Training Requirements**

f. Non-regulated or registered in-home child care: **N/A.**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)

other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[x] Yes.

[ ] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their

State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **A Background Check Unit Chicago (BCUC) Notice is sent to the Provider for applicants indicated of an allegation with a single 5-year retention, multiple 5-year retention, 20- or 50-year retention for a recommendation to clear or deny. If Clear is recommended for a single 5-year retention, a Clearance Letter is issued. If Denial is chosen, the; applicant is not eligible for employment. A clear recommendation from the Provider for those with multiple 5-year, or 20- or- 50-year retention requires a waiver from the Director.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **The Interstate CAN registry check indicated report is assigned the same weight. A Background Check Unit Chicago (BCUC) Notice is sent to the Provider for indicated allegation with a single 5-year retention, multiple 5-year retention, 20- or 50-year retention for a recommendation to clear or deny. If Clear is recommended for a single 5-year retention, Clearance Letter is issued. Denial chosen; applicant not eligible for employment. A clear recommendation from the Provider for those with multiple 5-year, or 20- or 50-year retention requires a waiver from the Director.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[ ] Yes.

[x] No. Describe: **It will be the responsibility of the individual to provide the information needed for the lead agency to request an updated criminal history related to the disqualifying crime.**

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[ ] Yes.

[x] No. If no, describe: **Applicant must receive a clearance of either FBI or ISP to begin working as a Provisional Employee and must be supervised by a staff member with full clearance within the past five years until all the background checks have been completed.**

d. In-state child abuse and neglect registry.

[ ] Yes.

[x] No. If no, describe: **Applicant must receive a clearance of either FBI or ISP before working as a Provisional Employee and be supervised by a staff member with full clearance within the past five years until all the background checks have been completed.**

e. Name-based national Sex Offender Registry (NCIC NSOR).

[ ] Yes.

[x] No. If no, describe: **Applicant must receive a clearance of either FBI or ISP before working as a Provisional Employee and be supervised by a staff member with full clearance within the past five years until all the background checks have been completed.**

f. Interstate criminal background check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Applicants can begin working as a provisional hire, supervised by a staff member with full clearance within the past five years while awaiting the results of the Interstate criminal check or issuance of clearance letter.**

g. Interstate Sex Offender Registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Applicants can begin working as a provisional hire, supervised by a staff member with full clearance within the past five years while awaiting the results of the interstate Sex Offender Registry check or issuance of clearance letter.**

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Applicants can begin working as a provisional hire, supervised by a staff member with full clearance within the past five years while awaiting the results of the interstate child abuse and neglect registry check or issuance of clearance letter.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[ ] Yes.

[x] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **States requesting interstate criminal history and Sex Offender Registry checks should contact the Illinois State Police at ISP.BOI.customer.support@illinois.gov. For the Child Abuse and Neglect Registry background check, applicant completes the CFS689 Authorization for Background Check For Programs Not Licensed by IDEC, and can submit by email to DCFS.689Background@illinois.gov or fax to 217-782-3991. For questions concerning the process call the Springfield Production Control Unit at 217-557-0758.**

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://dcfs.illinois.gov/about-us/background-checks-for-licensed-and-unlicensed-providers.html#:~:text=DCFS%20Background%20Check%20Portal%20The%20background%20check%20portal**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[ ]** Address

iii. **[ ]** Phone number

iv. **[x]** Email

v. **[ ]** Website

vi. **[ ]** Instructions

vii. **[ ]** Forms

viii. **[ ]** Fees

ix. **[ ]** Is the State a National Fingerprint File (NFF) State?

x. **[ ]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **Interstate childcare providers requiring a criminal background check on current and former Illinois residents should Email Illinois State Police at ISP.BOI.customer.support@illinois.gov .**

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[ ]** Address

iii. **[ ]** Phone number

iv. **[x]** Email

v. **[ ]** Website

vi. **[ ]** Instructions

vii. **[ ]** Forms

viii. **[ ]** Fees

ix. If not all boxes above are checked, describe: **Interstate childcare providers requiring a Sex Offender Registry check on current or former Illinois residents should Email Illinois State Police at ISP.BOI.customer.support@illinois.gov**

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[ ]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[ ]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[ ]** Fees

x. If not all boxes above are checked, describe: **Interstate childcare providers requiring a Child Abuse and Neglect check on current and former Illinois residents are to complete the CFS 689 Authorization For Background Check For Programs Not Licensed By DCFS on the Illinois.gov website, and the form must be submitted by Fax to 217-782-3991 OR Email to DCFS.689Background@illinois.gov. For questions regarding the CFS689 form or process, please call Springfield Production Control Unit at 217-557-0758.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

Those related to the child with care provided in the home of a relative or the child with no more than three children being cared for, including the provider's own children, or if all children are from a single household are exempt from health and safety training and criminal background check requirements.

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

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[x]** Providing program-level grants to support investments in staff compensation.

ii. **[x]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care

providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

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. **Over the past three years, Illinois has transitioned from stabilizing the child care sector during the pandemic to actively investing in the child care workforce. Building on previous initiatives such as Child Care Restoration Grants, Strengthen and Grow Child Care Grants, and Smart Start Transition Grants, the Smart Start Workforce Grants program aims to directly increase wages across the child care field. These grants provide financial support to child care programs, enabling them to pay teachers a required wage floor without increasing tuition costs for families. This innovative approach helps programs recruit and retain qualified teachers while keeping child care affordable for families.**

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The lead agency works with the home providers union (SEIU) to provide any home provider receiving CCAP payments access to health insurance benefits. Future plans are to work with SEIU to implement paid leaves (for any reason), retirement benefits and rate add-ons based on years of service.**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency contracts with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and the Child Care Resource and Referral Agencies to provide training offerings to the child care workforce. The CCR&R trainings are driven based on the needs of the community and service delivery area. In addition, they support with a standardized curriculum offering through the Illinois Trainers Network that is administered by INCCRRA. The Lead Agency continues to support and contract with three grantees that conduct the Infant/Early Childhood Mental Health consultation program that supports the child care workforce in Illinois. This program provides consultation, technical assistance, and training to the child care workforce in partnership with the CCR&Rs. The Lead Agency works with the Professional Development Advisory Council and the Child Care Advisory Council to continue to guage the needs across the child care workforce in Illinois. These groups advise the Lead Agency by developing recommendations for consideration that encompass strategies to support the needs for the child care workforce. There has been a proposal submitted by Illinois for the next round of PDG B-5 funds beginning January 2025 that supports well being supports for the early childhood workforce. If approved, the Lead Agency will work to support implementation efforts utilizing the available funding. Additionally, the Lead Agency continues to partner with the CCR&Rs to conduct needs assessments with providers across the state to inform the Lead Agency on areas of support.**

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Child Care Resource & Referral agencies along with INCCRRA work to recruit and retain providers and the workforce members within their designated Service Delivery Area. Activities include,**

but are not limited to: targeted recruitment, collaboration with partner agencies, start-up workshops, welcome packets and providing technical assistance and training that meet the needs of the communities they serve. The Lead Agency is conducting a cross sector workforce recruitment campaign to attract staff in the child care, Early Intervention, and Home Visiting job settings.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. The Lead Agency ensures the availability of Business Administration Scale training for family child care and the Program Administration Scale training for child care centers. In addition, CCR&R agencies provide technical assistance and consultation and often host business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential and Family Child Care Credential. In addition, the Illinois Trainers Network (ITN) offers trainings that include strengthening business practices. These trainings include Foundations of Family Child Care, Strengthening Business Practices for Family Child Care, and Strengthening Business Practices for Centers. Additionally, the Lead Agency provides funds to the Service Employees International Union's Member Education and Training Center to offer trainings for providers.

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[x]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **The Lead Agency produces provider communications and notices in English and Spanish. Spanish speakers are available at CCR&Rs and Sites where needed. Training is available for Spanish speakers (in person or online). The Lead Agency has materials and issues licenses to Spanish speaking family child care home providers. Local CCR&Rs collect information about primary and other languages spoken in licensed child care centers and exempt centers and homes that choose to be on the referral database. If available, CCR&Rs can provide child care referrals for families requesting caregivers that speak a language other than English. Also, in Illinois an option for families eligible for child care assistance is to arrange care with family, friends, or neighbors (license-exempt family child care). These providers typically speak the primary language of the family and the child. The Illinois Early Learning Project has Early Learning Standards tip sheets in eight different languages. The state has developed a system to identify and support multilingual providers through the use of a State Seal of Bi-literacy. Providers can add this designation to the Gateways Registry.**

b. Providers and staff who have disabilities: **Illinois supports providers, including those with disabilities, that demonstrate they have the physical and mental health capacity that does not interfere with child care responsibilities. For licensed providers, this is verified through the physical examination report. The Lead Agency provides links to families on the accessibility resources, for example, Illinois Relay, that are available via their websites. We will make reasonable accommodations through the CCR&Rs for any providers/staff on a case by case basis for those individuals with disabilities.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **An ESL/Bilingual Credential has been developed and was approved to incorporate into the Professional Development Framework following its pilot in 2021.**

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **Early Learning Council (ELC). Professional**

Development Advisory Council (PDAC)

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). Public Act 096-0864 gives the Lead Agency the authority to operate Gateways to Opportunity, the Illinois Professional Development System, and to award the following credentials: Illinois Director Credential; ECE Credential; Infant Toddler Credential; and School Age and Youth Development Credential. In addition, the following credentials have also been developed: Family Child Care Credential; Family Specialist Credential; and Technical Assistance Credential. An ESL/Bilingual Credential has been developed and implemented in 2022.

The state's professional development framework moved to a competency basis in 2017, a two-year process guided by the Illinois Professional Development Advisory Council. The Gateways ECE Credential framework and competencies are fully embedded in 98% of post-secondary education providers as well utilized by training & professional development providers throughout the state. The Gateways ECE Credential is comprised of core competencies for early care and education providers and provides pathways for various specializations (e.g., Infant Toddler, Illinois Director etc.). Each specialization credential has competencies that build off the Gateways ECE Credential. The use of clearly defined competencies provides transparency and clarity to the workforce, as well as to PD providers. In addition, the Illinois State Board of Education now requires IL Gateways ECE Competencies to be part of Prek-12 professional educator licensing system. The IL Gateways Competencies are fully aligned with the Illinois Professional Teaching Standards (IPTS) as well as the Illinois Leaning and Development Standards (IELDS). In addition, national professional standards were utilized in creating the IL framework: DEC (Division for Early Childhood of the Council for Exceptional Children) Recommended Practices (through HIPCAT-research based) as well as the Early Intervention/Early Childhood Special Education Standards (also HIPCAT research based). The National Association for the Education of Young Children (NAEYC) revised its professional teaching standards by moving to competencies in March of 2020. These new NAEYC competencies (field reviewed, not research based) are now in the process of being cross walked with the IL Gateways ECE framework competencies to ensure alignment. The IL Gateways SAYD Credential & Career Lattice is the framework for school-age training and professional development. It's competencies are fully aligned with Act NOW Quality Standards, the National After School Association (NAA) Standards, and the Council on Accreditation After School & Youth Development Standards.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Gateways to Opportunity Early Childhood Career Lattice has six levels and includes the ECE Credential to which four specialization credentials can be added: Illinois Director Credential, Infant Toddler Credential, Family Child Care Credential, and Technical Assistance (coaching/mentoring) credential. The Gateways School Age and Youth Career Lattice has five levels and includes the School Age and Youth Development Credential to which three specialization credentials can be added: Illinois Director Credential, Family Child Care Credential, and Technical Assistance (coaching/mentoring) Credential. The Gateways Family Specialist Career Lattice has four levels and includes the Family Specialist Credential to which specialization credential can be added: the Technical Assistance (coaching/mentoring) Credential.**

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity Professional Development (PD) System as well as other PD related activities in Illinois.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **There are some articulation agreements between 2-year and 4-year institutions. The Illinois Articulation Initiative (IAI) has reactivated the IAI-Early Childhood Education Committee. This committee includes representation from the Illinois Community College Board, Illinois Board of Higher Education, and two-year and four-year institutions of higher education. They will review curricula at both levels of education and determine which courses will articulate.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The lead agency had adoped a wage scale that is used in all the Illinois Smart Start initiatives. The wage scale can be found on the INCCRRA Smart Start Workforce Grant webpage: https://www.ilgateways.com/smart-start/smart-start-workforce-grants. The lead agency is mandated by legislative rule 20 ILCS 505/5.15 , to conduct a survey of the workforce in licensed child care facilities every two years. The survey summarized in this report meets that mandate by documenting the following: (1) the number of qualified caregivers attracted to vacant positions and any problems encountered by facilities in attracting and retaining capable caregivers; (2) the qualifications of new caregivers hired at licensed child care facilities during the previous two-year period; and (3) the average wages and salaries and fringe benefits paid to caregivers throughout the State computed on a regional basis. It can be access here: https://www.dhs.state.il.us/page.aspx?item=163476**

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Local Child Care**

Resource & Referral Agencies: These agencies receive funding to support individual professional development for providers, including assistance in obtaining credentials.

Illinois Network of Child Care Resource and Referral Agencies: Responsible for administering the Gateways Scholarship Program, this network subsidizes tuition for eligible ECE and school-age professionals seeking college credit, credentials, or degrees.

Family Child Care Networks: Two networks are funded to provide tailored professional development opportunities, specifically aimed at supporting credential acquisition for family child care providers.

Helen Miller SEIU Member Education and Training Center: This center receives funding to deliver diverse professional development opportunities for ECE practitioners.

Through these partnerships, the Lead Agency ensures a robust framework for ongoing education and skill enhancement tailored to the needs of ECE professionals statewide.

The Lead Agency plays a pivotal role in funding Early Childhood Education (ECE) professional development initiatives. Through partnerships with various organizations, it ensures comprehensive training opportunities for ECE practitioners in Illinois. These partnerships include:

- Local Child Care Resource & Referral Agencies: These agencies receive funding to support individual professional development for providers, including assistance in obtaining credentials.

- Illinois Network of Child Care Resource and Referral Agencies: Responsible for administering the Gateways Scholarship Program, this network subsidizes tuition for eligible ECE and school-age professionals seeking college credit, credentials, or degrees.

- Family Child Care Networks: Two networks are funded to provide tailored professional development opportunities, specifically aimed at supporting credential acquisition for family child care providers.

- Helen Miller SEIU Member Education and Training Center: This center receives funding to deliver diverse professional development opportunities for ECE practitioners.

- Smart Start Illinois Early Childhood Apprenticeship Pilot: The University of Illinois Chicago and Illinois Network of Child Care Resource and Referral Agencies works in partnership with the Lead Agency to administer the apprenticeship, aimed to bridge and connect scholarship programs leading to credentials and degrees with on-the-job/real-world training and mentorship tailored to the

context of the specific communities where apprentices work.

Great Start Wage Supplement Program: Administered by the Illinois Network of Child Care Resource and Referral Agencies in partnership with the Lead Agency Great START (Strategy to Attract and Retain Teachers) is a wage supplement program that acknowledges child care practitioners who have completed college coursework and stay at their current place of employment. Great START recipients are sent a check every six months (based on continued eligibility) to supplement their income.

Through these partnerships, the Lead Agency ensures a robust framework for ongoing education and skill enhancement tailored to the needs of ECE professionals statewide.

b. Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i. [ ] Continuing education unit trainings and credit-bearing professional development. Describe:

ii. [x] Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: The Lead Agency's grantee, the Illinois Network of Child Care Resource and Referral Agencies, established the Gateways to Opportunity Entitled colleges and universities in Illinois. The institutions listed on this directory offer coursework in Early Care and Education, Child Development, Human Growth & Development, and other areas of study related to caring for and educating children. An Entitled Institution is an accredited college or university who has aligned their coursework with Credential requirements.

iii. [ ] Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? The Gateways to Opportunity Credential Framework was created to serve as a professional development pathway and career lattice for individuals seeking upskilling within the field of Early Childhood Education. Credentials recognize individual achievement based on education, training, and experience. There are eight Credential pathways that include progressive levels within the framework. The Credentials offered in Illinois focus on promoting professional growth for a diverse group of educators. The Gateways Credentials focus on Early Childhood, Infant Toddler, Director/Administration, School Age, Family Child Care, Family Specialist, Technical Assistance, and English as a

Second Language/Bilingual competencies. This allows for a diverse offering across both care and cultural settings. The Lead Agency has waived all Credential fees for individuals seeking to attain a Credential to provide greater access for professional development opportunities. There are programs for fFinancial assistance to attain credentials and post-secondary degrees offered across the state: The Gateways to Opportunity Scholarship Program is available to practitioners working in licensed child care centers, group child care homes and family child care homes. Additionally, there are Ffinancial incentives linked to educational attainment and retention available through: Great START (Strategy to Attract and Retain Teachers). Great START is a wage supplement program that rewards eligible early care and education and school-age care (full day/full year programs) practitioners working in Department of Children and Family Services licensed child care centers, group child care homes and family child care homes for attaining higher education and for remaining at their current place of employment. For more than a decade, Gateways to Opportunity has partnered with high school teachers to certify them in the ECE Level 1 Credential (16 modules; 48 credit hours). This developed curriculum is used as a supplement to current high school courses in Child Development, Preschool or Parenting courses. Upon completion, students are eligible to receive the ECE Level 1 Credential. Outreach to schools and teachers includes use of social media, print materials, capacity-building training sessions, and presentations at statewide conferences. Similarly, student outreach includes print materials and social media.

Participating high school classrooms have also received presentations about ECE as a career pathway and available supports. These outreach efforts have resulted in more high schools offering dual credit early childhood courses as well as dual enrollment early childhood coursed throughout the State. Providers can also access Infant Early Childhood Mental Health Consultation (I/ECMHC), which does not provide treatment services, but supports providers in their healthy interactions with children.

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? Yes, the Lead Agency, through the Gateways to Opportunity Professional Development System has eight Credentials with varying amounts of levels where an individual can demonstrate a progression of education, training, and knowledge. The Framework for each Credential is designed to six levels in their Career Lattice through the Gateways Credentials. These are offered to all types of providers. Four specialization areas can be added to the Early Childhood Education Credential: Illinois Director Credential, Infant Toddler Credential, Family Child Care Credential, and Technical Assistance (coaching/mentoring) credential. The Gateways School Age and Youth Career Lattice has five levels and includes the School Age and Youth Development Credential to which three specialization credentials can be added: Illinois Director Credential, Family Child Care Credential, and Technical Assistance (coaching/mentoring) Credential. The Gateways Family Specialist Career Lattice has four levels and includes the Family Specialist Credential to which specialization credential can be added: the Technical Assistance (coaching/mentoring) Credential. The English as a Second Language/Bilingual lattice has five levels for the Credential. These Credentials

improve the quality and diversity of the workforce through the progressive competencies that are achieved at each level within a Credential. Completion of a credential level provides access to higher wage opportunities through the Great START wage supplement program. These The Credentials are recognized on the Great START Wage Supplement Scale to incentivize providers to advance on the career lattice.

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity Professional Development (PD) System as well as other PD related activities in Illinois. PDAC's Financial Committee conducts work and provides recommendations to the Lead Agency to advance compensation activities for the child care workforce related to PD efforts and the PD Framework.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **There are some articulation agreements between 2-year and 4-year institutions. The Illinois Articulation Initiative (IAI) has reactivated the IAI-Early Childhood Education Committee. This committee includes representation from the Illinois Community College Board, Illinois Board of Higher Education, and two-year and four-year institutions of higher education. They will review curricula at both levels of education and determine which courses will articulate.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency conducts a Salary and Staffing Survey every two years. The survey summarizes (1) the number of qualified caregivers attracted to vacant positions and any problems encountered by facilities in attracting and retaining capable caregivers; (2) the qualifications of new caregivers hired at licensed child care facilities during the previous two-year period; and (3) the average wages and salaries and fringe benefits paid to caregivers throughout the State computed on a regional basis.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency provide program-level compensation grants to support staff base salaries and benefits through the Smart Start Child Care initiative, which comprises three programs: Smart Start Workforce Grants, the Smart Start Quality Support Program, and an Apprenticeship Program. All grant participants are required to use the cost-modeled wage floor for teachers and teacher assistants. Over the**

past three years, Illinois has transitioned from programs designed to stabilize the field during the pandemic to those aimed at supporting investments in the child care workforce. The Smart Start Workforce Grants offer child care programs stable, ongoing funding to offset the cost of meeting the required wage floor without burdening families by raising tuition or Child Care Assistance Program (CCAP) co-pays. Programs receiving these grants must pay classroom staff a wage floor, helping to recruit and retain staff through competitive wages. These grants build on previous investments in the Illinois child care field, including the Child Care Restoration Grants, Strengthen and Grow Child Care Grants, and Smart Start Transition Grants, which are effective through September 2024. The Apprenticeship Program will include child care program contracts specifically to provide funding for increased compensation based on staff qualifications. This model complements existing efforts to upskill staff through scholarship programs by materially supporting employers with funding for higher compensation. It incentivizes child care program directors to support their staff in furthering their education and helps bring a new generation of caregivers and teachers into the workforce. The final component of the Smart Start Child Care initiative is the Smart Start Quality Support Program, which targets quality improvement for child care center programs. This program assists participating centers in covering staffing costs associated with higher quality and guides staff in their quality improvement efforts

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **15**

b. License-exempt child care centers: **6**

c. Licensed family child care homes: **15**
IDHS, the former Lead Agency for licensed childcare was informed of non-compliance from the preliminary notice issued on March14, 2024. The Lead Agency does not have established requirements for ongoing professional development for all caregivers, teachers, and directors appropriate to the setting and age of children served. CCDF-eligible Licensed Daycare Homes do not have ongoing training requirements for assistant caregivers and assistant caregiver substitutes. CFS seeks to provide clarity as it pertains to the preservice orientation training as it appears to not be clear. The Illinois Department of Children and Family Servies (IDCFS) and IDEC are in the process of the regulatory changes needed to come into full compliance. Additional time is required to complete the approval process and then to implement changes to policies and tools.

d. License-exempt family child care homes: **6**

e. Regulated or registered in-home child care: **6**

f. Non-regulated or registered in-home child care: **NA**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).
Illinois' first tribe was recognized in April 2024. The lead agency will reach out to the TA center to determine the best ways to collaborate.

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
The Lead agency contracts with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and the Child Care Resource and Referral Agencies (CCR&Rs) to provide statewide training opportunities to support providers ' professional development. INCCRRA supports training efforts with a library of online trainings through the ilearning website. These training include content for providers who provide care for infants/toddlers, school age, and children with limited English proficiency, children with developmental delays or disabilities and Native American children. Additionally, INCCRRA supports with administering the Illinois Trainers Network that has standardized curriculum offerings for providers. These training curriculums cover social emotional, trauma informed care, developmental screening, quality care and improvement, Pyramid Model, business practices in child care settings, nutrition and healthy habits, and care environments for children with special needs. In addition to the standardized curriculum through the Trainer's Network, the CCR&Rs provide training opportunities statewide. These training offerings vary based on the service delivery area's identified needs for support and training. To assess this, diverse, and impactful training opportunities for their provider types. This allows a wide variety of training opportunities across the state specific to the diversity of the provider and the type of care setting. INCCRRA and the CCR&Rs work to offer trainings in English and Spanish. Training materials for professional development opportunities in Spanish are provided as available and applicable. Lastly the Gateways to Opportunity Professional Development System offers Credentials for individuals to access that includes but is not limited to Early Childhood, School Age Youth Development, ESL/Bilingual, and Infant and Toddler. The Illinois Early Learning Project has Early Learning Standards tip sheets in eight different languages. The state has developed a system to identify and support multilingual providers through the use of a State Seal of Bi-literacy. Providers can add this designation to the Gateways Registry. Illinois supports providers, including those with disabilities, that demonstrate they have the physical and mental health capacity that does not interfere with child care responsibilities. For licensed providers, this is verified through the physical examination report.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities

Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Early childhood special education services for children birth through five years of age and their families, are provided through an early intervention provider or the local school districts and special education cooperatives. Professionals with training and expertise in special education services implement the federal Individuals with Disabilities Education Act (IDEA), Part B and C, by supporting the educational needs of young children and families. Early childhood special education professionals and related services personnel provide specialized educational services to children with disabilities in a variety of settings such as early childhood, preschool, child care, prekindergarten/Preschool for All, Early Head Start/Head Start and other early childhood settings to meet the developmental learning needs of these children. In addition, families and early childhood providers may request information about appropriate expectations for children's development. Child Care providers work in tandem with their local school districts/special education cooperatives and/or Child Care Resource and Referral agency to refer parents and caregivers to child find events where developmental screenings take place if there is a suspected cognitive or other developmental delay.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **Illinois Early Learning and Development Standards includes the following Domains: Science, Social Studies, Arts, English Language Learner Home Language Development.**

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Illinois State Board of Education (ISBE) has not updated the Illinois Early Learning and Development Standards (IELDS) or the Illinois Early Learning Guidelines (IELG) since November of 2012. The versions provided are the most updated version for Illinois. The states plan is to update these with the alignment of the new state agency. The Illinois Early Learning and Development Standards (IELDS) provide reasonable expectations for children's growth, development, and learning in the preschool years. When used as part of the curriculum, the IELDS provide guidance to teachers in early childhood programs to create and sustain developmentally appropriate experiences for young children that will strengthen their intellectual dispositions and support their continuing success as learners and students. The age-appropriate benchmarks in the IELDS enable educators to reflect upon and evaluate the experiences they provide for all preschool children. The Illinois Early Learning Guidelines Ages 0-3 (IELG) are designed to provide early childhood professionals and policy makers a framework for understanding development through information on what children know and should do, and what development looks like in everyday instances.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **Illinois Early Learning and Development Standards: For Preschool 3 years old to Kindergarten Enrollment Age (isbe.net) https://www.isbe.net/documents/el-guidelines-0-3.pdf**

The Illinois Early Learning and Development Standards (IELDS) provide reasonable expectations for children's growth, development, and learning in the preschool years. When used as part of the curriculum, the IELDS provide guidance to teachers in early childhood programs to create and sustain developmentally appropriate experiences for young children that will strengthen their intellectual dispositions and support their continuing success as learners and students. The age-appropriate benchmarks in the IELDS enable educators to reflect upon and evaluate the experiences they provide for all preschool children. The Illinois Early Learning Guidelines Ages 0-3 (IELG) are designed to provide early childhood professionals and policy makers a framework for understanding development through information on what children know and should do, and what development looks like in everyday instances.

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Lead Agency ensures that child care providers receive training on the use of the Illinois**

Early Learning Guidelines (IELG) for Birth to Age 3 and the Illinois Early Learning & Development Standards (IELDS) through the Illinois Trainers Network. These trainings are available in English and Spanish and may be taken face-to-face, virtually, and online. In addition, all curriculum funded by the Lead Agency is aligned with both the IELG and IELDS as appropriate. Technical assistance (TA) on the IELG and IELDS is included in the TA and training available as part of ExceleRate Illinois. Child care providers working with infants and toddlers have access to TA through the CCR&R Infant Toddler Child Care Specialists. Child care providers working with preschool-age children have access to this TA through the CCR&R Quality Child Care Specialists. The state incorporates the IELG and IELDS into the statewide child care system. This includes training required for program quality improvement standards, education, professional credentials, and requirements for programs in quality improvement standards to implement curriculum/learning activities that have been aligned with the IELG and/or IELDS.

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

   i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

   ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

   iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

   iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

   v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on

those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **The Lead Agency uses a variety of ways to assess and determine the needs for quality activities. The Lead Agency collects data from partners to inform its understanding of needs across the state. First, through partnership with the Child Care Resource & Referral (CCR&R) Agencies, the Lead Agency collects workforce and market data from the child care provider database, parent referrals, training & technical assistance access and use data, provider recruitment and retention information, and child care assistance access and use data. This information is reviewed by Lead Agency staff on a quarterly basis, alongside their quarterly program reports. Second, through partnership with the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA), CCR&Rs, and other grantees, the Lead Agency reviews this data, assesses work and needs, and develops and implements statewide quality initiatives. Third, the Lead Agency participates in the Early Learning Council, which also assesses needs across the early childhood education and care system and develops and reviews recommendations to address identified needs throughout the year. Finally, Lead Agency staff bring data collected from CCR&Rs and INCCRRA to collaborations with other state partners and stakeholders to develop and implement cross-sector quality activities. Needs assessments were conducted September 2022 - June 2023 and published July 2023.**

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Birth to Five Illinois Early Childhood Regional Needs Assessments - The Birth to Five Illinois a program of the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) received support from the Illinois Department of Human Services (IDHS) and the Illinois State Board of Education (ISBE) to conduct 39 Early Childhood Regional Needs Assessments (one for each of the State's 39 Regions). Each report presents publicly available quantitative data and qualitative data from caregivers, Early Childhood Education and Care (ECEC) professionals, and other community stakeholders collected through needs assessments, interviews, community meetings and focus groups with local Regional Action Councils and Family Councils. Throughout the process, regional barriers were documented, and recommendations were developed based on identified needs of families and ECEC professionals. These reports are living community documents designed to give both community members and State decision-makers insight into the areas of ECEC needs, as determined by local families and stakeholders in each region. Across all 39 regions, the following needs were identified; affordable and available early childhood education and care programs, livable and fair wages for early childhood professionals, more mental health services for children birth to**

age five and their families and a more efficient and coordinated way to gather information and data pertaining to early childhood. These identified needs have supported the Lead Agency in planning and implementing various workforce components of Smart Start Child Care, leading with the launch of the Smart Start Workforce Grant (SSWG) in SFY25. The SSWG will also address the need cited by families for more available child care slots and continuity of care for children by recruiting and retaining early childhood teachers and family child care providers.

https://static1.squarespace.com/static/61ba6b3017614378f01ce468/t/6509a577a48875217ba6ecfb/1695131002151/Statewide+Data_Report.pdf

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency has the annual CCDF expenditures posted on the following link: Annual Child Care Report: FY23 Illinois Child Care Program Report (state.il.us) https://www.dhs.state.il.us/OneNetLibrary/27897/documents/AnnualRpts/FY23ChildCareAnnualReport.pdf The Lead agency posts its Quality Progress Report on their website at the following link: https://www.dhs.state.il.us/OneNetLibrary/27897/documents/EC/ACF-218_QPR_FFY_2023_For_Illinois_FINAL(24)08-02Access_A11Y.pdf**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency will continue to contract with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and the Child Care Resource and Referral (CCR&R) Agencies to offer professional development and learning opportunities for our prospective and current child care workforce members. INCCRRA will continue to administer our iLearning training offerings system, our Illinois Trainers Network, Gateways Credentials framework and career lattice, and the Professional Development Advisory Council.**

The Lead Agency in conjunction with the CCR&R and INCCRRA are conducting a

streamlined training needs assessment for the child care providers in Illinois. Additionally, the state is utilizing PDG B-5 funds to invest in a coordinated process for training delivery and needs for providers across Home Visiting, Child Care, Early Intervention and State Board of Education programs.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency supports programs seeking above the licensed (foundational) level of quality by awarding quality add-ons" for those programs who care for children who receive child care subsidy program dollars. The Early Learning Council has approved the future consideration for expanding the Quality Recognition and Improvement System framework in Illinois. This framework takes a high quality with funding first approach. As the Lead Agency transitions with other state agencies into a new Early Childhood state agency in Illinois, the framework will continue to be a focus for the Early Learning Council to align with future efforts and investments. The Lead Agency continues to fund the Smart Start Quality Supports program that gives programs participating in ExceleRate Illinois additional funds for upskilling and providing increased training opportunities for their staff. Programs participating in this program receive program level coaching from our partners at the McCormick Center at National Louis and additional funds to pay staff as they earn more credentials.

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency will continue to work with the Child Care Advisory Council on recommendations to improve the supply and quality of child care services for infants and toddlers. The Lead Agency includes programs who serve infants and toddlers as priority population for current grant offerings through the Child Care Resource and Referral Agencies. The Lead Agency will continue to fund the Infant and Toddler Specialists at the Child Care Resource and Referral Agencies to support programs in providing high quality care for the youngest learners in their program.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency has sustained a position at the Child Care Resource and Referral Agencies that was originally support via Federal Relief dollars. This position has been established to

support the prospective and current child care workforce access professional development opportunities and financial support opportunities for higher education coursework. Additionally, the Lead Agency continues to contract and fund the 16 local Child Care Resource and Referral Agencies that support Service Delivery Areas across the state.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[x] No plans to spend in this category of activities at this time.

[ ]Yes. If yes, describe current and future investments.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency collects and assesses monthly data for participation in the Quality Improvement System for licensed and license exempt providers. The Lead Agency receives quarterly reports on programs' assessment scales reports to review and assess areas for improvement. The Lead Agency reviews scales reports to determine technical assistance and training needs for programs.**

viii. Accreditation support.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency invests Individual Professional Development funds to support programs seeking accreditation. These funds are administered through the Child Care Resource and Referral Agencies on behalf of the Lead Agency. Additionally, the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) conducts the Statewide Accreditation Mentoring (SAM) Project to provide child care programs (centers and family homes) with consultation services to achieve national accreditation. The Lead Agency continues to review through the Child Care Resource and Referral System, committees' opportunities to enhance accreditation assistance. Based on recommendations from these committees and through partnerships with Advisory Councils across Illinois, the Lead Agency will review potential investments for accreditation supports.**

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency is incorporating new curriculum offerings for child care providers. These are being added to the existing Illinois Trainers Network curriculum offerings. The trainings are PALS, How Trauma Impacts Young children, Social Emotional Development and Positive Behavior Outcomes, Better Together: Health Habits for Illinois Kids, and Go NAPSACC.**

The Lead Agency is streamlining the Training Needs Assessment conducted by the Child Care Resource and Referral Agencies to ensure that curriculum offerings and trainings are consistent with the needs identified by the providers in Illinois. Following the results of the needs assessments, the Lead Agency will review potential new curriculum for providers.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

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. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

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.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(l)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Illinois Early Learning Council (IELC) is the state advisory council and its goal is to strengthen, coordinate, and expand programs and services for children birth - five throughout the sState. The IELC has established committees and each committee sets goals to accomplish their work. As a result, the Early Learning Council**

provides recommendations for early childhood policy change and program improvement to the Illinois Governor's Office and state agencies involved in early childhood. The CCDF State Child Care Administrator serves on the IELC and the IELC Executive Council, which meets approximately every other month. CCDF Lead Agency staff participates in various IELC committees which conduct ongoing meetings between Executive Council Meetings. The Lead Agency works in partnership and coordination with ELC as thought partners to inform policy creation and amendments, and development and implementation of both Child Care Assistance Program and quality initiatives.

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: The Prairie Band Potawatomi Nation became Illinois' first federally recognized Tribe in the spring of 2024, and the state will seek guidance from the OCC on how to begin coordinating with them effectively.

[ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: The Lead Agency administers the Early Intervention program (Part C of IDEA) and the Illinois State Board of Education (ISBE) administers Part B of IDEA. These offices meet throughout the year to with the goal of coordinating efforts and resources for serving families with special needs children including how to best utilize funding funding and coordinate community-based organizations and programs. As a result, the two agencies are able to craft policies for children with special needs that are aligned and mutually supportive to create a more streamline system of services for families with children ages birth to five.

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

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: The Lead Agency works with the Illinois Department of Public Health and the Illinois Department of Children & Family Services as needed due to current projects and with the goal of resolving both on-going issues and to address changes needed due to the CCDBG reauthorization, such as providing immunization grace periods in licensed child care programs for children experiencing homelessness. As a result of these content-based and

project-based collaborations, the Lead Agency has been able to take holistically informed steps toward improving policies surrounding immunization grace periods, for instance, in order to meet federal requirements.

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: IDHS, the former Lead Agency, is responsible for employment services/workforce development for the TANF and SNAP participants. The Department of Commerce and Economic Opportunity is responsible for Workforce Investment & Opportunity Act (WIOA) programs. IDHS and the Lead Agency coordinate with these agencies throughout the year with a goal of reducing barriers to employment for families receiving benefits. Enhance child care referrals and matching families with employment opportunities with contracted agencies are some of the methods used in this effort. The result of this coordination has been increased referral capacity and increased supports for families to access a broader array of social safety net services.

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

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: The Lead Agency collaborates with internal and external stakeholders to maintain health and safety licensing standards for provider types throughout the state. The Lead Agency supports the Child Day Care Licensing Advisory Council that meets throughout the year. Additionally, representatives of IDCFS are on the Illinois Early Learning Council and the Child Care Advisory Council that meets on and ongoing basis. Goals of this work include ensuring that Illinois' licensing regulations follow the new CCDBG regulations. Illinois Department of Children & Family Services is also contracted by the lead agency to coordinate all provider background checks, including those for providers that are exempt from licensing. The result of this coordination is compliance with CCDBG regulations and consistency across licensing and monitoring requirements for different types of child care providers.

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

and greater access to CACFP funding for license-exempt child care providers.

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Lead Agency coordinates with McKinney-Vento state coordinator (ISBE) on serving families experiencing homelessness. The McKinney-Vento state coordinator is a member of the Child Care Advisory Council with the goal of reducing barriers to child care services for children experiencing homelessness. The result of this coordination is greater representation of issues affecting children experiencing homelessness on the Lead Agency's advisory council, and greater expertise in council discussions regarding potential policy changes to better support children experiencing homelessness.**

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

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

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The former Lead Agency is responsible for Mental Health services. The Lead Agency contracts with grantees to administer the Caregiver Connections Early Childhood Mental Health Consultants (ECMHC) provides technical assistance, training and consultation to child care providers related to the social/emotional development of children, birth to age five, in their care. The ECMH grantees work in coordination with the local Child Care Resource and Referral Agencies on an ongoing basis to support providers in program referrals, training, and consultation. The ECMH grantees participate in the CCR&R Systems meetings on a quarterly basis to ensure continued collaboration on coordination efforts. The Lead Agency receives monthly updates from the ECMH grantees and quarterly reports on results of coordination of services.**

n. Child care resource and referral agencies, child care consumer education organizations,

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

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

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

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

   i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The following agencies are identified as having an Early Head Start - Child Care Partnership (EHS-CCP): City of Chicago, City of Rockford, CCR&R -**

Joliet, Educare West DuPage, Proviso Leyden CCA, YWCA Metropolitan Chicago, Champaign County Regional Planning Commission, Carole Robertson and SAL Family and Community Services. One of the Head Start State Collaboration Office (HSSCO) goals is to ensure the EHS-CCPs have quarterly Enrichment Circles or Communities of Practice (CoP) meetings for networking, professional development, and state updates, particularly Department of Human Services and Office of Head Start updates. The desired result for the CoPs is to have a well-informed, knowledgeable, engaged group of ECH-CCPs. The CoPs provide an opportunity for participants to share ideas, strategies and develop a common practice for the work they do. The HSSCO will work with the Illinois Head Start Association to plan and carry out these CoPs. The Lead Agency employs a Head Start Collaboration director to work in partnership with the Illinois Head Start Association and support coordination efforts for Head Start programs and efforts across Illinois.

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: **Several institutions of higher education, including community colleges, work very closely with the Professional Development Advisory Council (PDAC) through the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), Lead Agency's contracted agency. The coordination of goals between PDAC and the Illinois Board of Higher Education (IBHE) is focused on projects to promote, support, and recognize professional preparation and training for all current and future and early care and education, school-age, and youth development practitioners. Existing ECE workforce deserves an opportunity to demonstrate knowledge and skills attained through assessment of prior learning that receives college credit and the goal is to design a state model that would articulate or transfer between/among institutions. Meetings with representatives from higher education institutions, IBHE and PDAC are taking place in order to facilitate cohesion among projects steps. The Lead Agency is supporting continued efforts by funding continued efforts for the prior learning assessment project in the state to support the Early Childhood workforce. Illinois has worked to establish a Consortium for participating Higher Education Institutions to align course offerings and ability for students to transfer within participating Illinois higher education institutions without loss of credit completion.**

iii. **[ ]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The Lead Agency is responsible for implementing the Maternal and Child Home Visitation programs grant. HV programs connect families in the 0-3 population to community resources and programs like CCAP. This results in coordinated referrals between home visiting and childcare at the local level.**

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **One partner, The Department of Healthcare and Family Services, is responsible for Early and Periodic Screening, Diagnosis and Treatment for children participating in the department"s Medical Assistance or All Kids Program (Assist, Share and Premium) which encourages families to receive**

preventive and comprehensive health services designed to provide early discovery and treatment of health problems for their children. Another partner is the Illinois Department of Public Health (IDPH), who established procedures for EPSDT services to be consistent with those guidelines published by the American Academy of Pediatrics (AAP) or the American Academy of Family Physicians (AAFP) for HFS to follow as well. This partnership results in referrals to Lead Agency's early intervention program which in turn leads to early intervention service as early outcome which results in positive health and well being for families and their child/ren.

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Illinois Department of Children & Family Services is the agency responsible for child welfare. The mission is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in our care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities and work in partnerships with communities to fulfill this mission. The Lead Agency serves on the DCFS Child Day Care Licensing Advisory Council and DCFS serves on the Lead Agency's Child Care Advisory Council. In partnership and coordination, Leady Agency and DCFS work on policy creation and implementation. The Lead Agency and DCFS coordinate with the goal of protecting the health, safety, and wellbeing of children in licensed and license-exempt child care settings through policy creating and implementation of licensure and monitoring policies. The Lead Agency works regularly with DCFS on these coordination efforts. Plans to revise the current License Exemption checklist that is support by both the Lead Agency and DCFS are in progress to align exemption submission and approval process between the two agencies. Additionally, the Lead Agency has ongoing discussions for child welfare policies and/or potential impacts related to the Child Care Assistance Program.**

vii. **[ ]** Child care provider groups or associations. Describe:

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead

Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[ ] No. (If no, skip to question 8.2.2)

[x] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[ ] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[x] State- or Territory-only child care funds

[x] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[ ] Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The Lead Agency combines funding in an effort to secure services to the most vulnerable populations and to ensure the elimination of wait lists. The vulnerable populations targeted are: TANF recipients, teen parents in school, children with special needs, children experiencing homelessness, families in education and training programs, and children in protective services.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[ ] Yes. If yes, describe which funds are used:

[x] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

[ ] Yes.

[x] No. If no, describe: **Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and**

referral organization (such as a statewide CCR&R network).

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
The grant agreements between the Lead Agency and the local Child Care Resource and Referral Agencies (CCR&R) includes criteria pertaining to fiscal responsibility and reporting requirements, administrative requirements, service deliverables, performance measures

and standards as well as linguistic and cultural competence. Specifically, the scope of services state that the CCR&R agencies will assemble and maintain a child care provider database, provide consumer education and child care referrals to parents/guardians, provide training and technical assistance to child care providers, perform recruitment and retention activities for child care options, and collect and analyze child care demand/supply data. In addition, the CCR&Rs administer the Child Care Assistance Program (CCAP) which includes providing families information about the program, providing eligibility determination for the CCAP, and process provider payments for the CCAP. There are 14 agencies that provide CCR&R services in 16 geographic Service Delivery Areas. All counties in Illinois are covered by a CCR&R agency. The 14 agencies providing CCR&R services vary and include YWCA organizations, community colleges, public universities, social service agencies and standalone entities. The statewide network is coordinated by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency does not have any private partnerships to leverage public and private resources to further the goals of the CCDBG Act but has Key Lead Agency Partnerships which include but are not limited to the following entities: Governor's Office, Illinois State Board of Education (ISBE), Illinois Department of Children and Family Services (IDCFS) and Illinois Department of Public Health (IDPH).**

Head Start State Collaboration Office: The CCDF Lead Agency's Head Start State Collaboration Office (HSSCO) updates its statewide collaboration needs assessment and strategic plan annually. Plans are aligned with the Child Care Advisory Council's (CCAC) and IELC's strategic plans. Gateways to Opportunity and Illinois Professional Development System: The CCDF Lead Agency contracts with INCCRRA to administer Gateways to Opportunity (Gateways) in a public private partnership. Gateways to Opportunity is a statewide professional development support system designed to provide guidance, encouragement, and recognition to individuals and programs serving children, youth, and families and developed by the Professional Development Advisory Council (PDAC). Funding for this system is the result of private/public partnerships, including the Lead Agency.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a

state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **November 2, 2023**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://intranet.dhs.illinois.gov/oneweb/page.aspx?item=87068

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
The Illinois Department of Children and Families Services (IDCFS) has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child. Individuals who believe a child is in immediate danger or harm are encouraged to call the local police or 911. For non-emergency reporting, the Child Abuse and Neglect Hotline toll- free number (1-800-252-2873) is widely publicized on the internet and on posters distributed around the state. IDCFS also maintains an on-line reporting system (https://dcfsonlinereporting.dcfs.illinois.gov/). IDCFS child protective services conducts child abuse and neglect investigations, including on-site visits and interviews to determine if allegations are occurring.

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

Day Care Licensing Representatives will conduct an unannounced on-site monitoring visit to gather evidence about the allegations from the complaint and to determine if all licensing standards are being met. In the event the Licensing Representative observes any licensing violation during the visit they are added to the complaint investigation. If, during the complaint visit, the Day Care Licensing Representative deems, with supervisor approval, that a protective plan is required for the provider and/or staff during the investigation process those are issued. The Lead Agency may use the information from the Protective Plan to review the provider's operational status and to determine if CCDF funding is being used and/or if it should continue.

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

Issues that could involve intentional program violations are referred to IDEC's Programmatic Monitoring unit who may conduct desk or on-site visits to review records. If improper payments were issued as a result of any discovered fraud, the case is referred to the Bureau of Subsidy Management to issue an overpayment letter and refer to the Bureau of Collections for further recoupment actions.

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **IDEC has Spanish-speaking staff and access to translation services for most spoken and written languages.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **IDEC has access to TTY, JAWS and other adaptive technologies, as well as access to ESL and brail services.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[ ] Yes. If yes, describe:

[x] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency is responsible for investigating all complaints against child care providers and making information available to the public upon request. The Lead Agency requires records to be maintained for five years. IDEC's licensing records are maintained for nine years after a child care provider close. Individuals can request information about child care complaints and substantiated parental complaints by filing a FOIA (Freedom of Information Act) request.**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in

subsection 9.2: **The Illinois Department of Children & Family Services Sunshine Project: Illinois Accountability Project allows individuals to check on the status of any licensing violations in child care centers and family child care homes. While there are links to this site on the Illinois Department of Children & Family Services website, it will also be available on the official website of the State. Licensing compliance information on currently licensed day care homes, group day care homes and day care centers can be found at https://sunshine.dcfs.illinois.gov/Content/Licensing/Daycare/MonitoringReports.aspx. Substantiated parental complaints regarding license exempt providers will be available in the Lead Agency's consumer website. The link will be posted to the lead agency's consumer website.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **www.IllinoisCaresforKids.org**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://www.illinoiscaresforkids.org/infant-en/early-care-and-education/licensing-and-monitoring-process**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://www.illinoiscaresforkids.org/infant-en/early-care-and-education/licensing-and-monitoring-process**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://www.illinoiscaresforkids.org/infant-en/early-care-and-education/licensing-and-monitoring-process**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://www.illinoiscaresforkids.org/infant-en/early-care-and-education/licensing-and-monitoring-process**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://sunshine.dcfs.illinois.gov/Content/Licensing/Daycare/MonitoringReports.aspx**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[ ] License-exempt center-based CCDF providers.

[ ] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[ ] Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Monitoring reports	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Willingness to accept CCDF certificates	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Specialization or training for certain populations	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Care provided during nontraditional hours	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[ ]** All licensed providers. Describe:

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[ ]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **ExceleRate Illinois is a statewide quality rating and improvement system designed to make continuous quality improvement an everyday priority among early learning and development providers. The quality rating system provides standards, guidelines, resources, and support to providers, and ratings to families to help them make decisions related to their quality of care. ExceleRate Illinois has four circles of Quality that a program receives: Licensed, Bronze, Silver, and Gold. The Licensed Circle of Quality requires a program to hold a valid Department of Children and Family Services license and is the foundation of quality in Illinois. The Bronze, Silver, and Gold Circles of Quality require the provider to complete additional trainings, assessments, and meet or exceed quality benchmarks across the ExceleRate Illinois standards framework. When a program is awarded a Circle of Quality these are available through the search engine on the consumer education website. Additionally, links to the ExceleRate Illinois website are available through the consumer education website.**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **ExceleRate Illinois is a statewide quality rating and improvement system designed to make continuous quality improvement an everyday priority among early learning and development providers. The quality rating system provides standards, guidelines, resources, and support to providers, and ratings to families to help them make decisions related to their quality of care. ExceleRate Illinois has four circles of Quality that a program receives: Licensed, Bronze, Silver, and Gold. The Licensed Circle of Quality requires a program to hold a valid Department of Children and Family Services license and is the foundation of quality in Illinois. The Bronze, Silver, and Gold Circles of Quality require the provider to complete additional trainings, assessments, and meet or exceed quality benchmarks across the ExceleRate Illinois standards framework. When a program is awarded a Circle of Quality these are available through the search engine on the consumer education website. Additionally, links to the ExceleRate Illinois website are available through**

the consumer education website.

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. **[ ]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[ ]** The total number of deaths of children in care by provider category and licensing status.

iii. **[ ]** The total number of substantiated instances of child abuse in child care settings.

iv. **[ ]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe: **IDHS, the former Lead Agency, was notified of being out of compliance with 45 CFR 98.33(a)(5) Preliminary notice received 3.22.24 due to failure to post annual aggregate data for license-exempt child care providers. Additional time is needed to ensure an accurate method of data collections and revisions needed to the consumer website.**

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Reports of serious injury or deaths of children occurring in child care must be reported to the Illinois Department of Children and Family Services (IDCFS) through their Sunshine**

website. IDCFS notifies the lead agency by email whenever a resulting protection plan is put into place. The lead Agency notifies the appropriate CCR&R if any CCDF funding-related actions need to be taken but is still exploring processes to verify and display the data.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **Through the Illinois Department of Children and Family Services (IDCFS) Sunshine website. IDCFS notifies the lead agency by email whenever a resulting protection plan is put into place.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **Serious injury refers to an injury which required treatment or the attention of a medical or health care professional (more than just a goose egg from playground collision or a scrape from falling off a tricycle, etc.).**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **The information for Licensed-Exempt care for the previous year may be found here - https://www.dhs.state.il.us/page.aspx?item=110662 and the information for Licensed care for the previous year may be found here - https://sunshine.dcfs.illinois.gov/Content/Licensing/Daycare/AnnualReports.aspx. Families may access all information from the Licensing and Monitoring page on the public education site which may be found here - https://www.illinoiscaresforkids.org/toddler-en/early-care-and-education/licensing-and-monitoring-process**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **https://www.illinoiscaresforkids.org/infant-en/early-care-and-education/ccr-r-agencies**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information:
https://www.illinoiscaresforkids.org/infant-en/early-care-and-education/idhs-contact-information-as-lead-agency

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale.
https://www.illinoiscaresforkids.org/toddler-en/early-care-and-education/child-care-assistance-program

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.
IDEC has an extensive outreach program to parents who could benefit from Child Care Assistance Program. In 2022/2023 the former Lead Agency advanced a $3 million Illinois Cares for Kids ad campaign, promoting the public education site, which equitably targeted parents across Illinois. In addition, the Lead Agency manages the Illinois Cares for Kids website as well as several social media channels aimed at parents and potential CCAP providers. These efforts are bolstered by touch points at the intake of other public support programs such as SNAP, TANF and Medicaid; where eligible enrollees are encouraged to seek assistance via their local CCR&R. Moving forward, the Division of Early Childhood will be focusing on increasing the organic promotion of these programs through additional cross-promotional opportunities with local and state service providers and partners, as well as through the continuation of the Illinois Cares for Kids campaign as an online platform to drive parents to the Child Care Assistance Program.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[ ] Yes.

[x] No. If no, describe: **The Lead Agency is working in partnership with INCCRRA to update the illnoiscaresforkids.org website, our consumer education website, to address these areas.**

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health

and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency has developed the IL Cares for Kids website to inform and share with parents, care givers and providers resources associated with best practices concerning children's development, including physical, cognitive and social and emotional well-being. Additionally the 16 local Child Care Resource & Referral agencies, Birth to Five Regional Councils and 25 Child Family and Connections all have family engagement strategies that include parent education and distribution of resources associated with early intervention, parenting tips and directory of early childhood resources in the communities they serve. The Child Care Resource and Referral Agencies make resources available via their website, mailings, in physical office locations, social media platforms, and newsletters. The Child Care Resource and Referral Agencies participate in community events to establish their identity to the general public, families, and child care providers.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency partners with the Illinois Network of Resource and Referral Agencies to provide Pyramid model training and technical assistance through the Illinois Trainers Network and the Gateways Registry. These trainings support the social emotional development and behavioral interventions of young children in center and home-based settings. Additionally, the Infant/Early Childhood Mental Health Program support providers to build understanding and confidence to support the families in their care. Mental health consultants work in partnership with early childhood education and care (ECEC) providers to support the staff and adults who care for and educate young children through staff training and consultation. . Information regarding social-emotional and behavioral and mental health of young children is also addressed by local Child Care Resource and Referral Agencies (CCR&R). The staff support parents, based on identified need, and may provide referrals and/or resources to parents. Examples include, but are not limited to: Early Intervention, Home Visiting, WIC, early childhood program availability, or tips on a specific need identified in the conversation (e.g., healthy eating tips). The Child Care Resource and Referral Agencies make resources and services available via their website, mailings, in physical office locations, social media platforms, and newsletters.**

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

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds.

Describe those policies and how those policies are shared with families, providers, and the general public: **The Lead Agency funds an Infant/Early Childhood Mental Health Consultation program to reduce suspension and expulsion in child care settings receiving CCDF funds. This program works in conjunction with the local Child Care Resource and Referral Agencies to provide, training, technical assistance, and consultation to child care providers. Additionally, the Lead Agency and other state agency partners fund efforts to continue statewide implementation of the Pyramid Model. Public Act P.A. 100-0105: Preventing Expulsion of Children Birth to Five requires Providers to take documented steps to address the child's behavioral and other needs in order to keep the child in care and if ultimately necessary the providers will work with families on a planned transition to alleviate disruption for care. IDCFS licensing regulations outlines steps required for licensed providers to complete when working with families on planned transitions. The Pyramid Model and Infant/Early Childhood Mental Health Consultation program are shared broadly on the Child Care Resource and Referral websites, through social media platforms, and newsletters. The Illinois Department of Early Childhood houses extensive resources for best practices on reducing suspension and expulsion. The Illinois Cares for Kids website provides links and resources to parents and the general public. Lastly, the Lead Agency shares a summary of licensing standards that includes enrollment and discharge procedures that is inclusive of the requirements for planned transitions for child(ren) in care.**

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The Lead Agency funds an Infant/Early Childhood Mental Health Consultation program to reduce suspension and expulsion in child care settings receiving CCDF funds. This program works in conjunction with the local Child Care Resource and Referral Agencies to provide, training, technical assistance, and consultation to child care providers. Additionally, the Lead Agency and other state agency partners fund efforts to continue statewide implementation of the Pyramid Model. Public Act P.A. 100-0105: Preventing Expulsion of Children Birth to Five requires Providers to take documented steps to address the child's behavioral and other needs in order to keep the child in care and if ultimately necessary the providers will work with families on a planned transition to alleviate disruption for care. IDEC licensing regulations outline steps required for licensed providers to complete when working with families on planned transitions. The Pyramid Model and Infant/Early Childhood Mental Health Consultation program are shared broadly on the Child Care Resource and Referral websites, through social media platforms, and newsletters. The Illinois Department of Early Childhood houses extensive resources for best practices on reducing suspension and expulsion. The Illinois Cares for Kids website provides links and resources to parents and the general public. Lastly, IDCFS shares a summary of licensing standards that includes enrollment and discharge procedures that is inclusive of the requirements for planned transitions for child(ren) in care.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting

developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Local Child and Family Connections (CFC) share information about developmental screening through their Look What I can Do campaign to increase awareness about the importance of early screening and intervention. This information is shared with local child care centers and and family child care homes via CCR&R and local community agencies.**

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Programmatic Monitoring Unit (PMU) is led by a manager, who manages and supervises a staff of 11 monitors, 2 of which are Team leads. The PMU manager is responsible for assigning the workload to staff engaged in conducting eligibility.**

The PMU Manager is responsible for the day-to-day operations of assigning, reviewing and approving all child care program integrity review activities completing reports that show findings as related to oversight, waste, and or abuse of CCDF subsidies.

There are currently two teams assigned to conduct monitoring reviews. 11 staff that are divided under the leadership of 2 team leads.

All initial reviews are conducted by 1st level reviews who utilizes all resources such as the CCAP eligibility system (CCMS), the CCAP payment system (HSCCMS), and other accessible State databases to determine the accuracy and correctness of an approved application/redetermination processed by the contracted agency. The team leads take on the role of second level reviewers after the review is completed by the Social Service Program Planer IIIs (1st level reviewers). The reviews are checked for accuracy and completeness by the team leads. Any discrepancies found are communicated with 1st level reviewers for corrections. All findings are shared with management; however, all improper payment errors are referred to management for a final determination. Contractors are monitored every three years, and they are reviewed against performance measures and standards as set in their contracts.

The lead agency's program monitoring, fiscal and program unit teams meet routinely to share status, flag potential concerns, discuss mitigation strategies, and enhance monitoring procedures.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.

3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Certificate Providers - Providers submit their billings through the Integrated Voice Response Phone System or send completed Certificate Reports to their Service Delivery Area. Providers that submit their billings through the Integrated Voice Response system are processed with the nightly cycle, so they are ensured a timely payment. All contracted providers submit their billings/expenditure reports through the appropriate Lead Agency Program Staff. These providers include Child Care Resource and Referral Agency Contracts, Quality/Discretionary Contracts and Site Administered Child Care Contracts. Each Program Area reviews the billings and approves the payments based on the type of budget that is submitted at the beginning of the fiscal year. The Child Care Program uses two types of budgets, Fixed-Rate Budgets for the Site Program and Uniform Grant Budgets for all other contracted providers. Each month a billing/expenditure report is reviewed, payment recommendation is made, and the payment is processed through the State's Accounting System. The Contract and Payment Unit makes the payments within 10 days of receipt of the approved billing.**

The Program areas review reports/billings monthly to ensure sound fiscal management of the funds used. In addition to the monthly reviews by Program staff, the Lead Agency's Program Integrity Unit audits each contractor on-site at least every three years. Contractors are also selected through a risk analysis (funding amounts, past audit findings, time between audits, etc.) to be audited through the Lead Agency's Office of Contract Administration.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Lead Agency's staff have the Child Care Management System (CCMS) produce Monthly Enrollment Reports which indicate all cases for direct services only approved for a service month. This report serves two purposes: 1) to indicate the size of each contractor's caseload for administrative purposes, and 2) to indicate the eligible days for each approved child. Attendance is noted on this form, so the Lead Agency can monitor attendance versus eligibility and verify that payments are for authorized. The Program areas review reports/billings monthly to ensure sound fiscal management of the funds used. In addition to the monthly reviews by Program staff, the Lead Agency's Program Integrity Unit audits each contractor on-site at least every three years. Contractors are also selected through a risk analysis (funding amounts, past audit findings, time between audits, etc.) to be audited through the Lead Agency's Office of Contract Administration.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Lead agency have designated staff that work in partnership between Programs and Operations to prepare and submit all required state and federal fiscal reporting. Reports are then reviewed for accuracy by Lead Agency director and fiscal and budget team.**

d. Other. Describe: **NA**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency defines effective fiscal management by ensuring accountability for federal assets, compliance with regulations, and the inclusion of internal controls. Appropriate reporting systems are in place, and program leadership collaborates to develop and execute a budget that reflects and supports program goals and priorities. Within IDEC, the Bureau Chief of Contracts and Payments, along with the Bureau Chief of Fiscal and Budget, monitors all expenditures of CCDF funds. IDEC provides oversight of all CCDF expenditures. Additionally, the Lead Agency handles federal reporting and other federal financial requirements. The Lead Agency maintains written agreements with all CCDF subrecipients. These agreements include standard language outlining the terms of the agreement, the scope of services, payment requirements, an independence statement, a prohibition on lobbying, a confidentiality clause, record retention requirements, audit requirements, financial reporting requirements, and a termination and debarment clause for non-compliance or violations.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The lead agency preforms fiscal administrative reviews on a three-year cycle for all of our grantees. The grantees submit quarterly progress performance reports that outlines how the grantee completed all of their proposed grant deliverables, program measures and standards. The program staff overseeing the grants monitor these reports to ensure the grantees are completing their deliverables. Program staff meet at a minimum quarterly with all grantees to ensure they are meeting expectations of grant deliverables.**

c. How the results inform implementation. Describe: **Lead Agency regularly assesses the risk of its policies and procedures. The Quality Assurance Unit is responsible for assessing, recommending, and revising policies and procedures. In addition, IDEC leadership meets to discuss situations in which policies and procedures were brought into question to assess whether revisions are needed.**

d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Grant Accountability and Transparency Act (GATA) provides for the development of a coordinated, non-redundant process for the**

provision of effective and efficient oversight of the selection and monitoring of grant recipients, ensuring quality programs and limiting fraud, waste and abuse. The Lead Agency's GATA Unit has a process in place where a Financial and Administrative Risk Assessment and a Programmatic Risk Assessment are performed. At the risk assessment process, the grantees are rated as low, medium, or high risk and based on the risk assessment; additional specific conditions could be required. At the Pre-qualification and Programmatic risk steps, a notification is sent indicating: 1) the nature of the additional requirements, 2) the reason for the additional requirements, 3) the nature of the action needed to remove the additional requirements, and 4) the method for requesting reconsideration of the additional requirements imposed.

The programmatic monitoring unit (PMU) conducts two types of state level reviews. 1.) Eligibility and payment file Reviews. The eligibility review is conducted by reviewing all required documentation located in CCMS that led to the approval of families for child care subsidized assistance. Payment file reviews are conducted using HSCCMS (Payment file inquiry system). The system maintains and provides detailed information submitted by providers for monthly billing. The Lead Agency also participates in a federal audit through the ACF known as the Error Rate Review (Improper Payment Review). The CCDF methodology for measuring improper payment focuses on client's eligibility and employs a case record review process to determine whether eligibly for child care subsidy payment was properly determined, and whether any improper payments were made. This process goes through two lines of review: the Case Review Team and 2nd line reviewers (also known as Case Rereviews). The Case reviewers will conduct a desk audit of a sample size of cases. All reviews will be conducted using the ACF-403 Record Review Worksheet. The 2nd line reviewers will do random selection of cases to rereview to ensure accuracy, consistency, and communication of necessary policy or operational comparison throughout the review process.

b. The frequency of each risk assessment. Describe: GATA reviews are done annually during the contract renewal process. PMU reviews are conducted on contractors on a three-year rotation. The OCC Error Rate Review is conducted every three years

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: Contractors are monitored against performance measures and standards as set in their contracts. At the beginning of each fiscal year, a program plan is submitted detailing how the services and deliverables will be accomplished including, program budget, personnel matrices and budget narrative. They are also expected to submit quarterly program plan reports, monthly expenditure reports, and quarterly program data reporting. The results of the risk assessment inform us on how we can better collaborate with grantees to ensure fidelity in program implementation.

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: The lead agency requires each grantee to complete an annual Internal Control Questionnaire (ICQ) and Programmatic Risk Assessment. These questionnaires allow the lead agency to determine the level of risk associated with each grantee. The assessments are then used by both internal and external auditors during the audit process to evaluate this risk and ensure compliance with the Grant Accountability and Transparency Act (GATA).

e. Other. Describe: The Programmatic Monitoring Unit (PMU) monitoring reviews of

contractors will ensure that: 1) 90% of all CCAP applications and redeterminations are processed according to contract and program policy timeframes; 2) 90% of all CCAP applications and redeterminations are processed accurately; 3) 90% of all CCAP billing is submitted within 10 days of the end of the month and/or service completion; 4) Billing complies with 85% accuracy rate to eligibility for reimbursement (need for care, schedule of care, etc.) and co- payment calculation; 5) The Agency has implemented a system of ongoing staff training for current and new staff; and 6) 90% of CCAP billing complies with the procedures around the 70% rule. Billings are supported by legible attendance/sign-in sheets.

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Internal and contracted staff working with the CCDF program are offered training by the Llead Agency that covers all policies and procedures that are relevant to their position. Lead Aagency staff develop training materials and conducts train-the-trainer sessions with contractor to ensure new staff can be onboarded properly. Trainings on specific topics are conducted monthly as well as when policies, procedures or system changes warrant. All training materials are maintained in a common location that is accessible by contracted agencies. Trainings are also conducted on areas of program operations that the OCC improper payment review identifies as having a high rate of error and on areas that have been identified as being out of CCDF compliance and can be addressed through re-training. Training topics are also determined based on the areas of policy clarifications or technical assistance requests.**

ii. Describe how staff training is evaluated for effectiveness: **A post-training anonymous survey is sent to all participants, that allows the Lead Agency to take an objective look at the outcomes of the training making sure the goals were fulfilled, and adjustments are made for future training. A follow up training/clarification meeting with a specific agency or on a specific policy and procedure can be provided if necessary or requested. Results of PMU monitoring, payment accuracy reviews, trends in policy clarification requests and State Plan reviews results help to ensure the training material is being implemented correctly.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency offers an informative, clarifying, and interactive webinar trainings where all participants have opportunities to engage with realistic case scenarios from the errors along with live feedback, questions and answers on the policy and the**

procedure related to the errors to all staff and contractors' technical team.

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **The Lead Agency offers interactive webinar and in-person trainings on CCDF policy, procedure and system trainings to all contracted providers. Participants have opportunities to engage with realistic case scenarios along with live feedback, questions and answers to all the contractors. The contractors then train their staff on the program requirements and program integrity. The Lead Agency posts information on its website and social media platform highlighting policy changes. The contractors are required to post that information on a similar platform and in the walk-in areas available to the public. Trainings and supporting information are also provided to provider groups and community-based organizations on CCDF topics as needed or upon request.**

ii. Describe how provider training is evaluated for effectiveness: **A post anonymous training survey is sent to all participants, so that it allows the Lead Agency's training team to take an objective look at the outcomes of the training making sure the goals were fulfilled, and adjustments are made for future training. A follow up training/clarification meeting with a specific agency or on a specific policy and procedure can be provided if necessary or requested.**

Once the providers become aware of the program requirement and have any questions/concerns, they usually reach out to the contractors or the Lead Agency's customer service team for clarifications.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Bureau of Program Support is provided information from the Programmatic Monitoring Unit on common errors discovered during monitoring reviews, including the error rate review results. Training webinars are conducted to retrain and clarify staff and training materials supplied to all contracted agencies performing CCAP processes.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Error rate review results are shared with the Lead Agency's training staff. The results are discussed to determine a training course designed to address findings. The action plan is reviewed for the purpose of correcting or reinforcing policy and procedures. The Lead agency uses the information to determine what type of trainings should be developed.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with the IDEC Secretary and executive team members. The Program Bureau and the Programmatic Monitoring Unit within the lead agency along with other pertinent IDEC**

Leadership and stakeholders are made aware of results from internal and external audits. The information is reviewed and used to develop improvement plans to minimize the same or similar risks in the future.

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Programmatic Monitoring looks at past review findings and compares them to any current review findings through triennial reviews. If it is determined that the same findings are noted, we can communicate that information and share those findings reports with the Bureau of Subsidy Management to identify and provide needed training, and guidance. A Corrective Action Plan with measurable timelines is also put in place. As a result of these measures, the areas of risk are lessened, and the contractor is demonstrating compliance with documented policy and procedures.**

The number and type of programmatic monitoring review and re-review findings, across contractors, are an indication of the results of internal controls and any weaknesses identified. As you look across the timeframes between reviews as well as the changes/updates to policy/procedures, your review findings will provide a picture that illustrates whether the information is communicated timely, clearly, and effectively. Evidence of these desired results are fewer errors and findings. We review contractors on a triennial or as-needed basis. Having the staff and resources to increase the frequency of reviews, would lessen any areas of risk and aid in ensuring work stays in compliance with policy.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting

Information System (PARIS)).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Sites & CCR&R utilize statewide database screens to confirm elements of provider and client eligibility. In conducting these searches, staff can determine if a client or provider may have committed a program violation. Those that are determined to have committed an intentional program violation will be issued an overpayment to recoup any improper payments that have been made. Depending on the severity of the violation, and if they party had committed previous violations, a sanction may be issued. Information and/or training concerning the violation is shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Sites & CCR&R utilize statewide database screens to confirm elements of provider and client eligibility. In conducting these searches, staff can determine if a client or provider may have committed a program violation. Those that are determined to have committed an unintentional program violation will be issued an overpayment to recoup any improper payments that have been made. Information and/or training concerning the violation is shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **Eligibility staff review information on the Automated Wage Verification System (AWVS), maintained by the Illinois Departments of Labor, and Employment Security. Information on applicants' employers and quarterly earnings are reviewed to determine if all employment has been reported and if wage amounts support reported income information. AWVS screens are also reviewed for home-based providers to determine if other employment could conflict with the hour of care being requested.**

b. **[ ]** Run system reports that flag errors (include types).

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Violations that are determined to have committed an intentional program violation will be issued an overpayment to recoup any improper payments that have been made. Depending on the severity of the violation, and if they party had committed pervious violations, a sanction may be issued. Information and/or training concerning the violation is**

shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.

ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Violations that are determined to have committed an unintentional program violation will be issued an overpayment to recoup any improper payments that have been made. Information and/or training concerning the violation is shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.

iii. [x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Errors that result in an overpayment may be issued to the provider who received the incorrect payment. Results are shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.

d. [x] Conduct supervisory staff reviews or quality assurance reviews.

i. [x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: All audit reviews conducted by the Lead Agency are reviewed and signed off by the Programmatic Monitoring Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

Violations that are determined to have committed an intentional program violation will be issued an overpayment to recoup any improper payments that have been made. Depending on the severity of the violation, and if they party had committed pervious violations, a sanction may be issued. Information and/or training concerning the violation is shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.

ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: All audit reviews conducted by the Lead Agency are reviewed and signed off by the Programmatic Monitoring Unit Manager. This process ensures that the report is accurate, and a corrective action plan is established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

Violations that are determined to have committed an unintentional program violation will be issued an overpayment to recoup any improper payments that have been made. Information and/or training concerning the violation is shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.

iii. [x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: All audit reviews conducted by the Lead Agency are reviewed and signed off by the Programmatic Monitoring Unit Manager. This process ensures that the report is accurate, and a corrective action plan is

established if needed. CCR&Rs also conduct supervisory staff reviews to ensure processing is accurate, which will result in less fraudulent activity.

Errors that result in an overpayment may be issued to the provider who received the incorrect payment. Results are shared with contracted staff to bring awareness to issues that should receive extra attention during eligibility and payment processing.

e. **[ ]** Audit provider records.

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Information provided to the Program Support Unit from the Programmatic Monitoring Unit on program violations are included in regularly scheduled trainings with processing staff, or through a special training, depending on the need and severity of the issue.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Information provided to the Program Support Unit from the Programmatic Monitoring Unit on program violations are included in regularly scheduled trainings with processing staff, or through a special training, depending on the need and severity of the issue**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Information provided to the Program Support Unit from the Programmatic Monitoring Unit on program violations are included in regularly scheduled trainings with processing staff, or through a special training, depending on the need and severity of the issue.**

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **IDEC's Programmatic Monitoring Unit conducts reviews of clients and providers when fraud is suspected or reported. Cases requiring more in-depth investigation are referred to the Department of Heatlhcare and Family Services, who may refer fraudulent activity to the Office of the Inspector General, State Attorney or others for possible prosecution as warranted. IDEC Bureau of Collections manages and tracks all recoupment activity, including referring cases to the Illinois Office of the Comptroller for possible seizures and private collection agencies.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

   i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The minimum recovery amount is $1.00. This aids in ensuring that any improper payment must be repaid to the program, regardless of the amount, while emphasizing the importance of adhering to program policies and procedure. This recovery of funds at a minimum of $1 results in lowering the percentage of overpayments and program violations.**

   When an overpayment is identified by a CCR&R, a Site Administered Program or IDEC's Program Integrity and Quality Assurance (PIQA) staff, prepare an Overpayment Referral Packet and send it to IDEC Bureau of Subsidy Management policy unit. The policy unit will review the Overpayment Referral reason and calculations and will either approve or deny the claim. This process results in all entities being made aware of the program violations and allows for follow up/continued monitoring of the client or provider. If the case does not meet the overpayment criteria, the Bureau of Subsidy Management will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, Bureau of Subsidy Management will issue the Overpayment letter and send copies to the referring agency and to IDEC Bureau of Collections (BOC).

   ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Subsidy management refers all substantiated overpayments to the IDEC Bureau of Collections (BOC) who creates an account receivable and tracks recoveries. BOC refers overpayment to the Illinois office of the Comptroller If the responsible party wishes to make payment arrangements, BOC will establish repayment amounts and a schedule. BOC also refers accounts receivable to the Illinois Office of the Comptroller to capture all or part of payments being issued to the responsible party from non-CCDF programs,**
   Depending on the dollar amount, Federal, State or local law enforcement may opt to pursue prosecution.

   iii. **[x]** Recover through repayment plans. Describe the activities and the results of

these activities based on the most recent analysis: **If the responsible party requests to pay the required amount over time, the IDEC Bureau of Collections (BOC) will explain the payment options and how to submit payments for the parities agreement. Allowing providers and clients to establish a repayment plan allows for prolonged continuity of care.**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Illinois Office of the Comptroller will intercept payments being issued to responsible parties based on referral from the Bureau of Collections. Payments from the Child Care Assistance Program are not intercepted to help preserve continuity of care.**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Voluntary repayment of overpayments in full are sent to the IDEC Fiscal Unit for resubmission into the appropriate account. This allows providers to return funds that they have determined were made in error due to their billing/attendance processes, and to resolve overpayments without being referred to the Bureau of Collections or Comptrollers office.**

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's Programmatic Monitoring Unit and CCAP Policy units oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments. By ensuring that the Program Integrity and Quality Assurance and Policy units investigate improper payments results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The minimum dollar amount**

after which recovery is required is $1.00. This aids in ensuring that any improper payment must be repaid to the program, regardless of the amount, while emphasizing the importance of adhering to program policies and procedure. This recovery of funds at a minimum of $1 results in lowering the percentage of overpayments and program violations.

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **As soon as an overpayment is identified, staff shall prepare an Overpayment Referral Packet and sent it to IDEC Bureau of Subsidy Management will review the Overpayment Referral and will either approve or deny the claim. If the case does not meet the overpayment criteria, the Bureau of Subsidy Management will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, the Bureau of Subsidy Management will issue the Overpayment letter and send copies to the referring and to IDEC Bureau of Collections.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **All repayment arrangements are handled by IDEC Bureau of Collections. Allowing providers and clients to establish a repayment plan results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **IDEC Bureau of Collections will handle repayment arrangements. Recovering funds through the collection of taxes results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Payment in full submitted by the responsible individual. By allowing providers and clients to pay in full results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.**

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's Bureau of Subsidy Management Programmatic Monitoring Unit formerly known as Program Integrity and Quality Assurance and Policy units oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments. By ensuring that the Programmatic Monitoring Unit and Policy units investigate improper payments results in clients and providers being allowed**

to stay on the program while also allowing the state to recoup funds.

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The minimum dollar amount after which recovery is required is $1.00. This aids in ensuring that any improper payment must be repaid to the program, regardless of the amount, while emphasizing the importance of adhering to program policies and procedure. This recovery of funds at a minimum of $1 results in lowering the percentage of overpayments and program violations.**

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **As soon as an overpayment is identified, staff shall prepare an Overpayment Referral Packet and sent it to IDEC Bureau of Subsidy Management will review the Overpayment Referral and will either approve or deny the claim. If the case does not meet the overpayment criteria, the Bureau of Subsidy Management will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, the Bureau of Subsidy Management will issue the Overpayment letter and send copies to the referring and to IDEC Bureau of Collections.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **All repayment arrangements are handled by IDEC Bureau of Collections. Allowing providers and clients to establish a repayment plan results in clients and providers being allowed to stay on the program while also allowing the state to recoup funds.**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Illinois Office of the Comptroller will intercept payments being issued to responsible parties based on referral from the Bureau of Collections. Payments from the Child Care Assistance Program are not intercepted to help preserve continuity of care.**

vi. **[ ]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the

composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. [ ] Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. [x] Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The Department has the discretion to impose sanctions upon parents or other relatives that commit an intentional program violation or an act of fraud in an effort to obtain eligibility, benefits, or financial gain or profit from the Child Care Assistance Program to which they would otherwise not be entitled. The Department shall take into consideration the nature of the offense, whether or not an improper payment was made, the amount of the improper payment, and the length of time over which the offense occurred when determining the level of sanction to be imposed. IDEC is responsible for the detection, prevention, reduction, and identification of intentional program violations or fraud by parents or other relative recipients of child care benefits and child care providers. Clients can be removed from the program for a specific amount of time, or permanently, depending on the severity of the violation and/or the number of past violations that have been committed. Clients may file an appeal of any sanction within 60 days of the sanction decision that will conducted by the IDHS Bureau of Administrative Hearings (BAH).**

ii. [x]Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The Department has the discretion to impose sanctions upon providers that commit an intentional program violation or an act of fraud in an effort to obtain eligibility, benefits, or financial gain or profit from the Child Care Assistance Program to which they would otherwise not be entitled. The Department shall take into consideration the nature of the offense, whether or not an improper payment was made, the amount of the improper payment, and the length of time over which the offense occurred when determining the level of sanction to be imposed. The Lead Agency is responsible for the detection, prevention, reduction, and identification of intentional program violations or fraud by parents or other relative recipients of child care benefits and child care providers. Licensed and exempt child care homes may fille a grievance through the Service Employees International Union (SEIU). Grievances must be filed with and received by the State within twenty-one (21) calendar days from the date the Union or Provider knew or should have known of the action or inaction that gave rise to the grievance. The levels of grievance are Step i Division of Early Childhood; Step 2 IDHS Bureau of Labor Relations; Step 3A Department of Central Management Services; Step 3B Arbitration**

iii. [x] Prosecute criminally. Describe the activities and the results of these activities

based on the most recent analysis: **All cases of suspected intentional program violations or fraud will be referred to the Division for investigation which may lead to the recovery of improper payments, sanctions, and/or criminal prosecution. Depending on the nature of the violation, the Division may refer cases to the Department of Healthcare and Family Services' Bureau of Investigations or the State of Illinois Office of the Executive Inspector General for additional review and potential prosecution as determined by the Office of the Attorney General.**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		