

**CCDF Plan Pre-Print 2019-2021**  
**Recommendations from the Early Learning Council**

The Child Care Development Block Grant (CCDBG) provides an opportunity for leaders in Illinois to establish a vision for a comprehensive high quality early childhood development and learning system that aspires to make a variety of high quality early learning services available to at risk children birth to age five and their families that will result in Kindergarten readiness. Achievement of this vision will require the Child Care program to align with other early learning systems to maximize our resources and to leverage impact. These recommendations provide concrete actions the State can take to advance this vision over time.

Page	Section	Topic	Recommendation
7	1.3	Consultation in the Development of the CCDF Plan and Coordination With Partners To Expand Accessibility and Continuity of Care	We recommend the response read that the plan is “being shared with” the listed bodies, as opposed to “work based on”.
8	1.3.2	Consultation in the Development of the CCDF Plan	We recommend there be another opportunity for the CCAC, ELC, and the public to review a more complete version of the plan.
12	1.4.1	Coordination with Partners to Expand Accessibility and Continuity of Care	<ol style="list-style-type: none"> <li>1. We recommend checking the box for “State/territory/local agencies with Early Head Start-Child Care Partnerships”.</li> <li>2. We recommend that the state note that these programs are eligible to be recognized as “Collaboration Programs” and as such would be eligible for extended eligibility determinations and other benefits as detailed in 3.1.6.</li> </ol>
13-14	1.5.1	Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds	We recommend the state continue the current level of TANF contributions to child care activities.
16	1.6.1	Entities with which the state is partnering	<p>We recommend the language referencing agency roles with the Race To The Top – Early Learning Challenge (RTT-ELC) grant be updated to reflect current work, replacing the current response with the following:</p> <p>Key Lead Agency Partnerships include the following entities:</p> <p>Governor’s Office of Early Childhood Development (GOECD): One of the goals of the partnership with the Governor’s Office of Early Childhood Development is to ensure that ExceleRate Illinois – the State’s quality recognition and improvement system – continues to support quality improvement as an ongoing priority among early learning and development providers by providing a framework to identify opportunities for improvement and continuous growth. In addition, GOECD coordinates the Inter-Agency Team (IAT), comprised of the State agencies with early care and education responsibilities, including the Illinois State Board of Education (ISBE), the Illinois Department of Children and Family Services (IDCFS), the Department of Public Health (IDPH), the Illinois Department of Human Services (IDHS, the Lead Agency), the Illinois Board of Higher Education (IBHE), and the Illinois Head Start Association. (That team aligns policy and rules across departments and helps set overall state direction for serving young children and their families).</p>

			<p>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. The Child Care Collaboration Program, administered by the CCDF Lead Agency, encourages the collaboration and layering of funds for improved coordination of services among child care programs, Head Start programs and Preschool for All (PFA) programs. The program modifies CCAP policy for approved collaboration providers, allowing the differences among child care, Head Start, and PFA programs to be bridged. This, in turn, results in children and families receiving seamless services and increased access to quality child care.</p> <p>Early Childhood Block Grant/Preschool for All (Illinois State Board of Education): CCR&amp;R agencies continue to assist with training and technical assistance to child care providers participating in the program. The results of the initiative are an increase in the number of child care providers applying for Preschool for All funding.</p> <p>Gateways to Opportunity: Illinois Professional Development System: The CCDF Lead Agency contracts with INCCRRA to administer Gateways to Opportunity (Gateways). Gateways has been developed by the Professional Development Advisory Council (PDAC). Financial support for this system is the result of private/public partnerships, including the Lead Agency. Information about Gateways is available on <a href="http://www.ilgateways.com">www.ilgateways.com</a>.</p> <p>Illinois Children's Mental Health Partnership (ICMHP): The Lead Agency participates in the ICMHP, which is dedicated to improving the scope, quality and access of mental health programs, services and supports for Illinois children. A current planning initiative is the Mental Health Consultation model: a group of private and public stakeholders developing recommendations for an Illinois cross-sector model of early childhood mental health consultation with recommendations that include strategies for cross-sector program alignment and collaboration.</p>
21	2.1.1	Outreach to Families With Limited English Proficiency and Persons With Disabilities	<p>We recommend the Lead Agency:</p> <ul style="list-style-type: none"> <li>• Work with partners to build capacity for languages other than Spanish, and for the plan to be specific about what resources are provided in only English and Spanish.</li> <li>• Publicize what languages the agency offers interpreters in, the hours interpreters are available, and how the public can contact interpreters when required.</li> <li>• Ensure that all translations of materials in non-English languages are completed in a timely manner and made public on the website in downloadable format, and that any new material developed in English is simultaneously made available in at least one other language- at a minimum, the top non-English language in the State.</li> </ul>

			<ul style="list-style-type: none"> <li>Partner with each CCR&amp;R to identify what top non-English language in addition to Spanish is spoken in their respective region of coverage and develop outreach materials and interpreter/translation services in that additional language.</li> </ul>
21-22	2.1.2	Outreach to Families With Limited English Proficiency and Persons With Disabilities	We recommend the Lead Agency update the Child Care program policy to make permanently disabled parents eligible for child care assistance, if the family meets income eligibility guidelines.
22	2.2.2	Parental Complaint Process	<ol style="list-style-type: none"> <li>We recommend updating the response as follows: “The Department of Children and Family Services (DCFS) is responsible for investigating all complaints of licensing violations against licensed child care providers and making certain information available upon request. Complaints regarding child care providers can be made to local DCFS licensing offices, in person, by telephone, fax, e-mail, or through the DCFS Toll Free Day Care Information Line or online through the Office of Child and Family Policy Mailbox. A DCFS day care Licensing Representative has 2 business days to begin the complaint investigation once the complaint is assigned to them. A complaint is initiated by an unannounced visit to the center or home. During the complaint investigation, the licensing representative will gather evidence to make a determination regarding the specific allegations from the complaint. If other violations are observed, these will be added to the complaint. If any violations are found, the complaint will be “substantiated” and a corrective plan will be developed. If the substantiated violations are serious, numerous, or a repeat of previous-cited violations, the Department may choose to pursue enforcement action, up to and including a recommendation to revoke the license. Most complaints can be finished in 30-60 days. Complaints alleging abuse or neglect are investigated concurrently by DCFS Division of Child Protection (DCP) and Day Care Licensing. DCP investigations may result in indicated findings of abuse or neglect against the facility or its staff. These findings are separate and apart from licensing violations which may have taken place as a result of the CA/N incident or been observed during the concurrent investigation visits. In addition to the DCFS complaint processes, each local CCR&amp;R establishes policies and procedures for parent complaints in connection with the Child Care Assistance Program. CCR&amp;R agencies respond to complaints within 10 working days, document complaints and steps taken, and communicate with the Lead Agency. All CCR&amp;R staff members are trained on the policy and procedures, and each family receives a written description of the complaint process.”</li> <li>We recommend clarifying the extent to which translation services or bilingual staff are available for the complaint process.</li> </ol>
23-28	2.3	Consumer Education Website	We recommend committing to and adding to this plan: The Lead Agency will work towards creating a consumer-friendly, integrated website where families can access complete information, and that it is connected to other early learning and family support services, and

			integrated throughout the entire system, including community systems. We further suggest convening parent/family focus groups to inform this process.
25	2.3.5	Consumer Education Website	We recommend that “licensed-exempt family child care providers” not be checked, and “Other” not be checked, as neither category is included in a public searchable website.
26	2.3.6	Consumer Education Website	<ol style="list-style-type: none"> <li>1. We recommend naming ExceleRate Illinois in the description for Licensed CCDF and non-CCDF providers.</li> <li>2. We recommend changing Family and Community Engagement License-Exempt Center-Based to describe ExceleRate Illinois instead of Quality Counts.</li> </ol>
26	2.3.7	Consumer Education Website	<ol style="list-style-type: none"> <li>1. We recommend that this section more fully describe the current monitoring system as well as the process for the system to be implemented by October 1, 2018.</li> <li>2. Under A, we recommend the following response: “For licensed providers, IDCFS has available a searchable web-based site which provides information on violations cited at monitoring visits, renewal visits and complaints. <a href="https://sunshine.dcf.illinois.gov/Content/Licensing/DayCare/MonitoringReports.aspx">https://sunshine.dcf.illinois.gov/Content/Licensing/DayCare/MonitoringReports.aspx</a> In addition, information is available on the DCFS Day Care Sunshine website which can be used to file a FOIA request for more detailed information. The public can also use a toll-free Day Care Information Line to find out about violations and status of licensees.”</li> <li>3. Under A, we recommend committing to translate the complaint website into other languages and clarifying to what extent the complaint hotline also provides translation services.</li> <li>4. Under B, we recommend using “plain language” instead of “simple language” to align with the Federal plain language reference/guidelines.</li> <li>5. Under B, we recommend the following response: “Monitoring and inspection reports provide information regarding the specific violation cited and the current status of each violation (corrected, pending, substantiated, repeat, etc.) More detailed information is available by FOIA because of confidentiality issues.”</li> <li>6. Under C, we recommend the following response: “Inaccuracies may be reported by the licensee to their assigned licensing representative or supervisor by phone, email, in person, fax.”</li> <li>7. Under D, we recommend the following response: “Upon being cited, the licensee is provided with a document that gives instructions and time frames for appealing a citation through the DCFS Supervisory Review process.”</li> <li>8. Under E, we recommend the following response: “Violations of DCFS Day Care Licensing Standards are posted to the Sunshine website within 24-48 hours of being entered into the DCFS mainframe computer system. Additionally, DCFS is adopting a mobile monitoring application which will increase efficiencies and upload cited violations to the mainframe within 24-48 hours of supervisory approval of the monitoring visit.”</li> <li>9. Under F, we recommend the following response: “Licensing violations and status information is provided from 2010 to the present.”</li> </ol>

			<p>10. Under G, we recommend the following response: “DCFS currently has no policy regarding a limited time-frame for reporting violations. Corrected violations as noted as such.”</p> <p>11. Under H, we recommend that detailed monitoring reports for relative providers and any provider who provides care in the child’s home not be posted on any public-facing website, and instead only an indication that the monitoring has been completed be posted. Monitoring reports and outcomes will be shared directly with the child’s parents and therefore do not need to be made publicly available. For those license-exempt providers whose monitoring reports will be posted on the public-facing website, we recommend that the report <u>not include identifying information</u> such as addresses and phone numbers to maintain providers’ privacy. Detailed monitoring reports should only be publicly posted for licensed providers, license-exempt centers, and those license-exempt home providers who have requested inclusion in the referral database maintained by the Child Care Resource and Referral agencies.</p>
28	2.4.1	National Website and Hotline	We recommend capitalizing <u>Day Care</u> in “DCSFS Day Care Licensing Representative.”
30	2.5.5	Additional Consumer and Provider Education	We recommend adding this language about the Pyramid Model, child development training components, as well as mentioning that these resources can be used to reduce suspension and expulsion: “Illinois is now a Pyramid Model state, and envisions an integrated system of professional development with Head Start, Child Care, and Public Schools in partnership with the Governor’s Office of Early Childhood Development to provide training to all birth to five early childhood practitioners on the Center for the Social and Emotional Foundations for Early Learning (CSFEL) conceptual framework and the Pyramid Model, using implementation science of the Teaching Pyramid Observation Tool (TPOT) to assess and obtain reliability, knowledge, skills and attitudes, and supports necessary to nurture all young children’s social-emotional development within their family, culture and community. The Pyramid Model Illinois State Leadership Team has a communication work group that is developing a plan to communicate resources to a variety of audiences. Additionally, Illinois has passed Public Act 100-0105, which concerns early childhood suspension and expulsion. The goal of this legislation is to ensure early childhood programs engage in best practices in their disciplinary actions by prohibiting expulsions of young children due to child’s behavior.”
30	2.5.6	Additional Consumer and Provider Education	<ol style="list-style-type: none"> <li>1. We recommend adding language about the Pyramid Model and child development training components.</li> <li>2. We recommend creating a vehicle for sharing information about resources and training that can reduce suspension and expulsion.</li> </ol>
30	2.6.1	Procedures for Providing Information on Developmental Screenings	We recommend working with other agencies to create a more straightforward path for accessing information on developmental screening, such as a page on a consumer education website.
	2.7.1	Consumer statement	Under C, we recommend providing a link.
36	3.1.2	Eligible Children and Families	<ol style="list-style-type: none"> <li>1. We recommend the Lead Agency works with DCFS to increase access to child care for children in foster care, intact, and in a variety of placements.</li> </ol>

			<ol style="list-style-type: none"> <li>2. Under B, we recommend updating this to reflect the current policy <a href="#">here</a>: There is no work requirement for the first 48 non-consecutive months.</li> <li>3. Under D – ii, we recommend checking that children in foster care be considered to be in protective services (check yes)</li> <li>4. Under D – iii, we recommend that we <u>do waive the income eligibility requirements</u> for cases in which children receive, or need to receive, protective services on a case-by-case basis (check yes)</li> <li>5. Under D – iv, we recommend that the Lead Agency provide respite care to custodial parents in protective services (check yes)</li> </ol>
38	3.1.6	Eligible Children and Families	<p>The benefits to Collaboration Programs of 12-month eligibility and 90-day job search does not need to be addressed given our recommendation that the Lead Agency move to implement these provisions for all families by October 1, 2018.</p> <p>We recommend that Collaboration Programs be given the benefit of having children be eligible for full-time care regardless of parent work schedule; and that if redetermination is scheduled to occur during the middle of an academic/program year, eligibility is automatically extended to the end of the academic/program year.</p>
39-40	3.1.7	Eligible Children and Families	<ol style="list-style-type: none"> <li>1. We recommend that the Lead Agency accept the Child Care Advisory Council’s Graduated Phase Out Subcommittee recommendation.</li> <li>2. We recommend that the outcomes of the budget reviews regarding the Child Care Advisory Council’s Graduated Phase Out Subcommittee recommendation are reviewed in consultation with GOECD, the ELC, CCAC, and key stakeholders.</li> </ol>
43-44	3.2.1	Increasing Access for Vulnerable Children and Families	<ol style="list-style-type: none"> <li>1. Under A, we recommend that the CCDF plan advance the recommendations from joint work with the Lead Agency and the Early Learning Council Inclusion Subcommittee that support systemic efforts to ensure that children with disabilities can access high quality child care. We recommend a focus on the following efforts: <ul style="list-style-type: none"> <li>● Improve the Lead Agency’s ability to collect and report on the number of children ages 0-5 with disabilities with CCAP enrolled in child care. Currently on the CCAP application (and redetermination), there is a question that asks applicants to report if a child has special needs. This is a non-mandatory field, and applicants do not receive context for what IDHS’ definition of special needs is. This current data collection only represents a snapshot in time and does not reflect data at the center or program level.</li> <li>● Participate in and promote the development of the inclusion competencies across all credentialing levels in IL that is being led by Illinois State University through a grant from the Illinois Council on Developmental Disabilities.</li> <li>● Review and amend, as necessary, the Each and Every Child training required for licensure to include information relevant to the competencies required to support inclusion as identified in the Division for Early Childhood/National Association for the Education of Young Children recommended practices. These are being mapped into</li> </ul> </li> </ol>

			<p>the competencies across the credentialing continuum under the Illinois Council on Developmental Disabilities (ICDD) grant.</p> <ul style="list-style-type: none"> <li>• Continue to develop and leverage opportunities to support child care providers and CCR&amp;Rs to improve enrollment of children with disabilities and support high quality inclusive child care including the Pyramid Model and Inclusive Classroom Profile training and support for child care programs to achieve the Outstanding Inclusive Practices state recognition.</li> </ul> <p>2. Under C, we recommend the following, several of which were Planning Implementation and Compliance Committee (PIC) recommendations previously accepted by the Department:</p> <ul style="list-style-type: none"> <li>• Provide a presumptive eligibility period of 90 days at the time of application for all families/children experiencing homelessness so that they can stabilize, address issues that contribute to their homelessness, and seek employment or other qualifying activities. Families would then be required to show proof of eligibility for the program in order to continue receiving assistance after 90 days.</li> <li>• Continue to include children experiencing homelessness in IL’s definition of “children in need of protective services.”</li> <li>• Establish families/children experiencing homelessness as a priority population for the CCAP program.</li> <li>• Exempt families/children experiencing homelessness from the co-payment for the duration of their homelessness.</li> <li>• Consider the creation of contracted slots for families/children experiencing homelessness.</li> </ul>
44-45	3.2.3	Increasing Access for Vulnerable Children and Families	<p>Under A, we recommend updating the response to address grace period procedures for families or children experiencing homelessness using licensed care: “The Lead Agency is partnering with the Department of Children and Family Services and will establish a rule to amend the licensing standards to allow a grace period for families or children experiencing homelessness to submit copies of all required supporting documentation for enrollment, including a 90-day grace period for medical records and supporting documentation for enrollment. License-Exempt Centers must have a written policy establishing grace periods that allow children experiencing homelessness enrollment in their program, including a 90-day grace period to submit all required supporting documentation for medical records and supporting documentation for enrollment.”</p>
45-46	3.3.1	12-month eligibility	<ol style="list-style-type: none"> <li>1. We recommend that the state implement 12-month eligibility by October 1 to meet federal requirements.</li> <li>2. Under B, we recommend following the federal rule for defining “temporary change”</li> </ol>

46-47	3.3.2	Option to discontinue assistance during the 12-month eligibility period	<p>We recommend that:</p> <ul style="list-style-type: none"> <li>• All cases that are eligible for CCAP will be approved for a 12-month eligibility period regardless of cessation of attendance in activity (employment/education/training), provided the child is attending care with an approved provider. At time of approval, clients will be informed that any changes should be reported to DHS and that only changes that will positively impact the family’s eligibility will be acted on. A notice will be sent in the 10th month that the case is expiring and the client needs to reapply.</li> <li>• If the client reports that he or she has permanently stopped an activity (employment, education/training, RSP), the client and provider will be sent a notice of cancellation with an effective date that is equal to the end of the 12-month approval period. <ul style="list-style-type: none"> <li>○ If an unreported cessation in activity for which a client was approved is discovered at the time of the 10th month reapplication, eligibility will continue through the 12-month eligibility period, provided it has been established that the child is attending care. The job search time period of not less than ninety (90) days eligibility, will either be considered to have been met, or will extend past the initial 12th month of eligibility, depending on when the cessation in activity occurred.</li> </ul> </li> </ul>
51	3.4.5	Family Contribution to Payments	We recommend this be updated to reflect that the Lead Agency does allow providers to charge families additional amounts above the required co-payments in this instance, and therefore that the Lead Agency also provide the rationale, data, and analysis in parts A, B, and C.
53-54	4.1.3	Parental Choice in Relation to Certificates, Grants, or Contracts	We recommend a review of the use of contracts to determine whether it would be beneficial to increase the use of contracts, including using contracted slots to target services to vulnerable populations of children and families. The Early Learning Council has defined priority populations as: children of teen parents, families or children experiencing homelessness, children in families in poverty or deep poverty, children/families with Department of Children and Family Services involvement, children with disabilities, including those transitioning from early intervention to preschool or early childhood special education, linguistically isolated families and families that experience significant barriers based on language, and children of migrant or seasonal workers.
56	4.2.1	Assessing Market Rates and Child Care Costs	We recommend checking “Both” and providing this description: “The Lead Agency will partner with GOECD to develop a cost estimation model that reflects the cost of providing care at the Licensed, Silver and Gold Circles of Quality in ExceleRate Illinois for different ages of children and in different regions of the state, and will use that information in conjunction with the Market Rate Study to establish reimbursement rates.”
56	4.2.2	Assessing Market Rates and Child Care Costs	Under A, we recommend adding GOECD in the list of bodies to consult with.
57	4.2.4	Assessing Market Rates and Child Care Costs	The CCDBG plan allows states to use a variety of methods to assess child care prices and costs. Illinois is currently using market rate survey data as a measure that reflects variations in the price to families of child care services by geographic area, type of provider and age of the child



			to estimate the cost of care. However, this method does not reflect the true cost of providing every eligible child with high quality care that will result in Kindergarten readiness. As an alternative, Illinois proposes to develop cost modeling based on the actual cost of providing quality care at the ExceleRate Illinois levels of licensed, Silver and Gold across age, geography and provider type. The methodology will also take into consideration the costs of providing adequate staff compensation and benefits; and will account for the need to integrate across early learning systems such as Preschool for All, Prevention Initiative, Head Start and Early Head Start. This modeling has been done by Illinois Action for Children for the City of Chicago and could be expanded and updated to give Illinois a more accurate cost estimation on which to base its rates and quality add-ons and by which to measure its progress toward its “north star” goal of providing high quality care that will lead to equitable outcomes for all children in Illinois.
60	4.4.1	Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access	We recommend looking at cost for quality across different age populations, geographies, and provider types to provide more adequate base rates as well as rates that help increase quality, and create a plan to move forward.
64	4.6.1	Supply-Building Strategies To Meet the Needs of Certain Populations	We recommend that the Lead Agency does an analysis of CCR&R reports or other reports on state-wide availability data to provide aggregate data here and develop strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.
65	4.6.3	Supply-Building Strategies To Meet the Needs of Certain Populations	We recommend that the Lead Agency use this section to specifically address strategies for increasing access to high quality child care (as defined by ExceleRate Illinois Silver and Gold). Under B, we recommend keeping the existing response and adding “in addition, DHS develop action plan to: <ul style="list-style-type: none"> <li>• Evaluate barriers to reaching and serving families</li> <li>• Consider how to incentivize providers/agencies to go into these communities and provide services</li> <li>• Build capacity; reach and serve</li> <li>• Form Action Plan by other relevant findings and initiatives including but not limited to: The Blended Braiding Report; Innovation Zones; Head Start and Preschool for All Community Needs Assessment; Preschool Expansion Grants; ELC All Families Served Committee</li> </ul>
	5	(Entire section)	We recommend that the Lead Agency adopt the edits to sections 5.1.1, 5.1.2, 5.1.4, 5.2.1, 5.2.2, 5.2.3, 5.2.4, 5.3.2, 5.3.5, provided by DCFS in an attached document.
67	5.1.2	Licensing Requirements	We recommend not marking the box next to “in-home care”, as in-home care providers are not subject to licensing and Part 408 does not apply to them.
	5.1.3	Licensing exemptions	Under the first item we recommend changing the response to: “Exemptions are listed in the Child Care Act of 1969 and include programs serving preschool-age children operated in conjunction with public or private schools, certain programs recognized by or registered with

			the State Board of Education, and other limited exemptions,” as programs serving children who have attained the age of 3 are not generally exempt.
67-75	5.2.1	Health and Safety Standards and Requirements for CCDF Providers	<ol style="list-style-type: none"> <li>Under #5, we recommend adding, “Exempt school-age only programs must comply with IDHS requirements that mirror Rule 407.190(a) for 1 staff per 20 school-agers (full time kindergarten or older), with a maximum group size of 30 children.”</li> <li>Under #7, we recommend updating to reflect director qualifications as outlined in DCFS Licensing Standards for Day Care Centers, section 407.130- Qualifications for Child Care Directors: “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 I Illinois Director Credential or 3 semester hours of college credit or 3 points of credential-approved training in administration, leadership, or management.”</li> </ol>
75-81	5.2.2	Health and Safety Standards and Requirements for CCDF Providers	<ol style="list-style-type: none"> <li>We recommend that all relative providers be exempt from health and safety standards, as is allowed by Federal law.</li> <li>We recommend that the Lead Agency commit to and include in the plan providing consistent, timely messages for providers through a variety of means.</li> </ol>
81-82	5.2.3	Health and Safety Standards and Requirements for CCDF Providers	<ol style="list-style-type: none"> <li>Under A, #4, we recommend that all relative providers are exempt from the training requirement, as is allowed by Federal law.</li> <li>Under C, we recommend that #2 and #6 also be checked “no”, so that caregivers, teachers, and directors are given 90 days to complete all trainings.</li> </ol>
84	5.2.4	Health and Safety Standards and Requirements for CCDF Providers	<ol style="list-style-type: none"> <li>Under C, we recommend not requiring any ongoing training requirements for those providing care in-home (child’s home), as ongoing training is not required by the Federal government.</li> <li>Under D, we recommend that all relative providers are exempt, as is allowed by Federal law.</li> </ol>
84-	5.2.5	Health and Safety Standards and Requirements for CCDF Providers	We recommend that all listed health and safety trainings be provided annually, but not required annually, except for CPR required every two years. Therefore, check “Other” for all items rather than “Annually.” The health and safety trainings serve as a foundation on which programs can build. Freeing up training hours for providers and program staff to seek other trainings is important for increasing program quality. Other trainings can help providers increase their knowledge rather than simply repeating basic trainings each year.
89-90	5.3.3	Monitoring and Enforcement Policies and Practices for CCDF Providers	<ol style="list-style-type: none"> <li>We recommend that the Lead Agency specifically address if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. We recommend adopting a monitoring tool that categorizes health and safety items by severity (ranging from best practices to absolute necessities), which would trigger different responses and/or solutions.</li> <li>Under C, we recommend that relative care is exempt, as is allowed by Federal law.</li> </ol>

			3. If the Department’s current plan is to be implemented, under C, we recommend that the language be clarified to say that specifically, relative providers who care for <u>only</u> school-age children are exempt.
90-91	5.3.4	Monitoring and Enforcement Policies and Practices for CCDF Providers	1. Under C, we recommend that relative care is exempt, as is allowed by Federal law. 2. If the Department’s current plan is to be implemented, under C, we recommend that the language be clarified to say that specifically, relative providers who care for <u>only</u> school-age children are exempt.
91	5.3.5	Monitoring and Enforcement Policies and Practices for CCDF Providers	We recommend that the plan specify the qualifications for license-exempt monitors (and not only Day Care Licensing Representatives) and that GOECD, the ELC, and the CCAC have the opportunity to review and make recommendations as to the hiring criteria, qualifications and training for license-exempt monitors.
91	5.3.6	Monitoring and Enforcement Policies and Practices for CCDF Providers	We recommend DCFS develop caseload standards.
91-92	5.3.7	Monitoring and Enforcement Policies and Practices for CCDF Providers	We recommend that all relatives are exempt from monitoring, as is allowed by federal law.
105	6.1.3	Professional Development Framework	1. We recommend that additional details be included under outreach to high school students: “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 include 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.” 2. We recommend that the boxes indicating policies for health care benefits and support for providers’ mental health be checked as those services are also available. A proposed description could include: Health care benefits are provided through union contract for a subset of child care providers. Providers can also access mental health consultation, which does not provide treatment services, but supports providers’ in their healthy interactions with children.
105-106	6.2.1	Training and Professional Development Requirements	We recommend adding there is training available through the Illinois Pyramid Model, Caregiver Connections is providing mental health consultation, and include connections with the rest of the system: ISBE-funded professional development resources through The Center: Resources for Teaching and Learning and the Ounce of Prevention Fund Birth to Three Training Institute, and Head Start grantees that share training with child care providers (especially the City of Chicago).
106	6.2.4	Training and Professional Development Requirements	We recommend adding that the IL Early Learning Project has Early Learning Standards tip sheets in 8 languages.

108-110	6.3.1	Early Learning and Developmental Guidelines	Under D, we recommend adding “GOECD: Convenes state agencies that work across sectors as part of the Early Childhood Inter-Agency Team.” Proposed response should read: “GOECD: Convenes state agencies that work across sectors as part of the Early Childhood Inter-Agency Team. Professional Development Advisory Council (PDAC): A co-chair serves on the CCAC. Some members of PDAC are members of the IELC and/or its committees. Work is coordinated between the PDAC and the IELC. PDAC advises the CCDF Lead Agency on issues related to professional development generally and Gateways to Opportunity specifically. INCCRRA: Contracted agency responsible for implementing statewide professional development programs for CCR&R staff and child care providers and quality initiatives.”
112	7.1.1 and 7.1.2	Quality Activities Needs Assessment for Child Care Services	<ol style="list-style-type: none"> <li>1. We recommend the Lead Agency conduct the Needs Assessment required by the plan in collaboration with GOECD, ELC, and other key stakeholders, and use available Needs Assessment data, CCR&amp;Rs, the McCormick Center, and other resources that provide data related to quality activities.</li> <li>2. We recommend that as results are collected, the Lead Agency will consult with GOECD, the ELC, CCAC, and other key stakeholders regarding next steps.</li> </ol>
112-	7.2.1	Use of Quality Funds	We comingle Federal and State funds, therefore we recommend that both “CCDF funds” and “other funds” be checked for all categories.
115	7.3.2	Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds	We recommend that the Lead Agency, in consultation with GOECD, the ELC, and CCAC, develop a plan for continuous quality improvement based on ExceleRate Illinois, as well as develop appropriate indicators.
115-116	7.4.1	Quality Rating and Improvement System	<ol style="list-style-type: none"> <li>1. We recommend using “ExceleRate Illinois” here and throughout the document.</li> <li>2. We recommend describing specifically how ExceleRate Illinois is administered.</li> <li>3. We recommend adding a reference to Quality Counts for license-exempt providers.</li> </ol>
116-117	7.4.2	Quality Rating and Improvement System	<ol style="list-style-type: none"> <li>1. Under A, we recommend indicating that <u>QRIS is required</u> (not voluntary) for licensed programs and state prekindergarten programs.</li> <li>2. Under B, we recommend checking “Local district-supported prekindergarten programs”</li> </ol>
118	7.4.5	Quality Rating and Improvement System	We recommend checking everything <u>except</u> : “one time grants”, “ongoing or periodically quality stipends”, and “materials and supplies”.
119	7.5.1	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers	<ol style="list-style-type: none"> <li>1. We recommend developing a plan to invest in coordinating with EI specialists in the future.</li> <li>2. We recommend describing that ExceleRate Illinois has created a new MOU template for programs to describe their collaboration with the Early Intervention system.</li> <li>3. We recommend unchecking the box for “Developing infant and toddler components within the state/territory’s child care licensing regulations.”</li> <li>4. We recommend checking “Developing infant and toddler components within the state/territory’s QRIS, including classroom inventories and assessments” and adding: ExceleRate Illinois includes standards specifically related to group size, ratios, teacher qualifications, and classrooms quality for infant and toddler classrooms.</li> </ol>

			<p>5. We recommend checking “develop infant toddler components within the early learning and developmental guidelines” and adding: Illinois has developed the Illinois Birth to Three Early Learning Guidelines and training and materials to support their implementation.</p> <p>6. We recommend adding to the description under “Providing coaching, mentoring, and/or technical assistance on this age group’s unique needs from statewide or territory-wide networks of qualified infant-toddler specialists,” the following: “The Infant Toddler Environment Rating Scale (ITERS-R) is used for program assessment and evaluation for centers in ExceleRate Illinois. At higher ExceleRate Illinois levels, centers are required to have a percentage of infant toddler staff with a Gateways Infant Toddler credential.”</p>
120	7.5.1	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers	<p>1. We recommend that the Lead Agency, in collaboration with GOECD, the ELC, and CCAC, develop a plan for quality improvement in infant/toddler care.</p> <p>2. We recommend including a plan for increasing the number of support specialists.</p>
120	7.5.2	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers	We recommend adding that additional measurable indicators will be specified upon completion of the infant toddler quality improvement plan.
121	7.8.1	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services	We recommend that the list of measures be inclusive of all measures as this information is used at the Federal level to report on quality measurement of QRIS. The list should include: ECERS 3, ECERS-R, ITERS-R, SACERS, FCCERS-R, CLASS, PAS, BAS, and, in the future, the KIDS Assessment.
121	7.8.2	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services	We recommend replacing this answer with the response to 7.4.6: "The Lead Agency evaluates progress by reviewing the % of licensed child care centers, family child care homes and group homes serving CCAP children that are working towards higher levels of quality in ExceleRate Illinois; the % of licensed child care centers, family child care homes and group homes serving CCAP children that are achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois; and, the % of CCAP children enrolled in programs that are licensed or at higher levels of quality (Bronze, Silver and Gold) in ExceleRate Illinois."
122	7.10.1	Program Standards	We recommend that all boxes are checked, and under “Describe the supports,” the response to all should read: “This is included in the Illinois Birth to 5 Program Standards, which are already in place: <a href="https://www.isbe.net/documents/0-5-program-stds.pdf">https://www.isbe.net/documents/0-5-program-stds.pdf</a> ”
	7.11.1		<p>We recommend describing the quality improvement areas of work as recommended by the Early Learning Council’s Quality Committee:</p> <ol style="list-style-type: none"> <li>1. Developing a framework for supporting program leaders implementing Continuous Quality Improvement protocols.</li> <li>2. (Related to item 1) Coordinating quality supports across sectors, informed by Implementation Science.</li> <li>3. Incorporate job-embedded professional learning into the new competency framework so it will count for college credits and credentials.</li> <li>4. Expand layered funding.</li> </ol>

			<ol style="list-style-type: none"><li>5. Review ExceleRate Illinois standards in view of the newly required health and safety trainings, to make it easier for programs to move from Licensed to Bronze.</li><li>6. Support license-exempt home-based child care quality through:<ul style="list-style-type: none"><li>• Play &amp; Learn Groups</li><li>• Roving Reader/Roving Musician Programs</li><li>• Family, Friend &amp; Neighbor Community Hubs</li><li>• Distribution of Resources</li></ul></li></ol>
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