

# 2002 Report on Illinois Child Care



Rod R. Blagojevich, *Governor*  
Carol L. Adams, Ph.D., *Secretary*

To the Honorable Rod R. Blagojevich, Governor,  
and Members of the General Assembly:

It is my pleasure to submit to you the Illinois Department of Human Services Annual Report on the Child Care Assistance Program for fiscal year 2002.

Appropriations by the General Assembly allow the Department to ensure that low income parents have the supportive systems they may need to obtain and maintain productive employment. These services are crucial to these families as they make the transition from welfare to work. Child care assistance was provided to a monthly average of 195,000 children in 97,500 families.

With your support, the Department will continue to serve the families and children of Illinois.

Sincerely,

Carol L. Adams, Ph.D.  
Secretary

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## INTRODUCTION

On July 1, 1997, Illinois implemented a new, income-based, child care assistance program for working families. The Child Care Assistance Program (CCAP) combines state and federal funds, along with the parent co-payments, to serve all working families whose income is up to 50 percent of the 1997 Illinois median income of \$21,819 for a family of three. The Bureau of Child Care and Development within DHS administers child care assistance programs statewide with a goal of ensuring that high quality child care services are available, affordable and meet standards appropriate for the healthy development of Illinois children.

The Child Care and Development Advisory Council (see Appendix A), whose members serve by invitation of the Secretary of the Department of Human Services, advises the Secretary on issues related to child care: quality, system capacity, and family outcomes and program administration. The Department of Children and Family Services' (DCFS) Office of Licensing sets the standards and licenses the facilities that meet the standards. The Illinois State Board of Education (ISBE) oversees early childhood education and care programs operated by public and non-profit education facilities.

Through the Child Care Assistance Program, Illinois is furthering an important state objective to ensure that parents have the supportive systems they may need to obtain and maintain productive employment. These services are crucial to low-income families, especially those who have made the transition from welfare to work.

This publication required by 20 ILCS 505/5.15 reports on the status of the Child Care Assistance Program during FY02. Much of the data in this report is from the Child Care Resource and Referral database of child care providers and the DHS Child Care Tracking System (CCTS). The report traces trends in family needs for child care and the system capacity to respond to that need.

The Department of Human Services hopes this report captures the dedication of these many people to the ideal of affordable and high quality child care for all children. Further, the department hopes this report is useful to the Governor, members of the General Assembly, and the citizens of the state, as together all of the above aspire to provide the best for our citizens/children. DHS thanks the child care providers and their staff, as well as the Child Care Resource and Referral Agencies for the care of Illinois' children.

# **CHAPTER I**

## **The Illinois Child Care System and Program**

### **A. Introduction**

Child care services in Illinois are provided through a system of government agencies, non-profit regional resource and referral agencies, community child care facilities, and organizations representing the interests of children, families and providers. These groups are involved in the delivery of services to children and their families, and also influence the availability, quality and affordability of services. Illinois takes full advantage of the federal Child Care and Development fund in the operation of its Child Care Assistance Program (CCAP), including the investment of more general revenue funds than required by the federal government. Substantial funds also come from the federal Temporary Assistance for Needy Families (TANF) Block Grant and from the Social Services Block Grant.

At the regional level, Child Care Resource and Referral (CCR&R) agencies served 17 Service Delivery Areas through 21 sites (see Appendices B & C). The CCR&R system was established in 1990 and serves all 102 counties through a network of community-based agencies, funded in large part by DHS. The original purpose of the CCR&R system was to help families locate appropriate child care, help providers improve and expand their child care services, and assist communities in creating a child care delivery system that meets local needs. During the mid-1990s, CCR&Rs assumed the additional function of processing requests for child care assistance and payments to providers.

### **B. The Child Care System**

Illinois implemented a new income-based child care system for working families on July 1, 1997. The new program combined state and federal funds, along with parent co-payments to serve all working families whose income is below 50 percent of the 1997 Illinois median income. For a family of three, the 1997 state median income is \$21,819. Gross or earned income is reduced 10 percent when determining eligibility and assessing fees. The term “working family” includes teen parents in high school, TANF parents in DHS approved education/training, and non-TANF parents in education/training and working an average of 10 hours per week.

The Child Care Assistance Program helps all working parents who qualify for child care assistance stay employed by providing access to child care which is affordable and of good quality. The CCAP also:

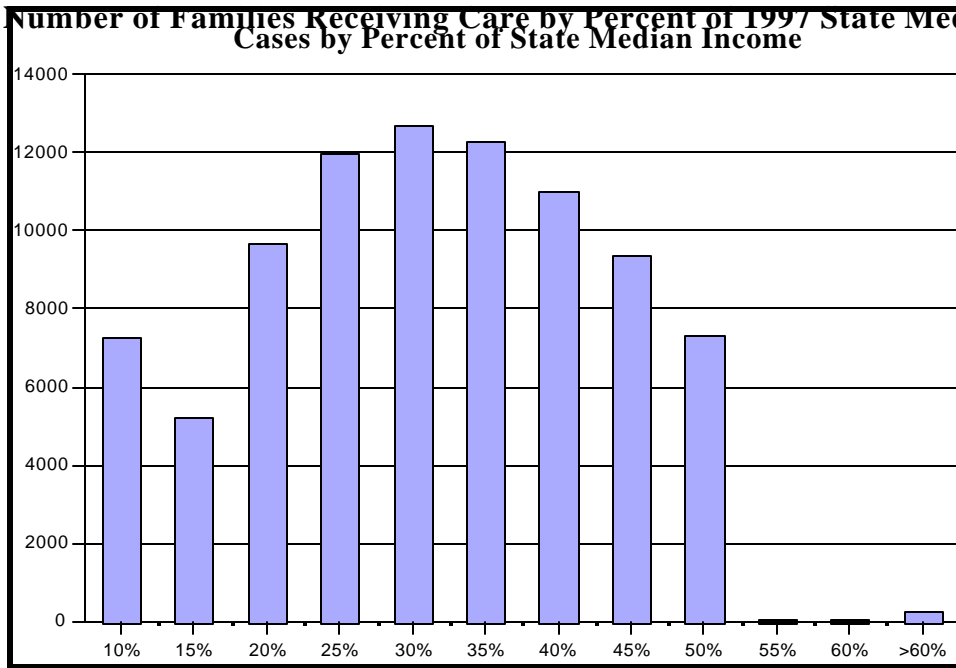
- Supports families as long as they are income-eligible, eliminating time limits;
- Serves all income-eligible families, eliminating preferences for families who have received TANF cash grants; and
- Operates without a waiting list for assistance, eliminating preferential treatment for families who sign up first.

### C. Family Child Care Assistance

Parents may secure assistance for child care costs by either obtaining vouchers (certificates) through the DHS funded CCR&R agency serving their community, or enrolling their children in programs holding contracts with DHS. Under the voucher system, the CCR&R agency determines family eligibility and parents may use the voucher at the facility of their choice – provided the facility meets all legal requirements. Through the site-administered contract system, families may apply for child care from a statewide network of more than 200 providers. The site provider determines eligibility. For a family to be eligible for child care assistance, family income must be no greater than 50 percent of the 1997 Illinois median income (See Appendix D). Gross earned income is reduced by 10 percent when determining eligibility and assessing fees.

Illinois’ commitment to employment-related child care for FY02 was \$635 million. Of these funds, \$570.5 million went directly to child care assistance, which supported a monthly average of 195,000 children in 97,500 families. The average annual cost per child to the state was \$2,900.

**Chart 1 - Number of Families Receiving Care by Percent of 1997 State Median Income Cases by Percent of State Median Income**



The above chart breaks out the income levels of the families receiving child care assistance. Families reporting incomes 50 percent and below the state median income for 1997 are eligible for child care assistance. The small number of families with income over 50 percent of the state median income are non-parent Representative Payee (RPY) cases, in which only the children are receiving a TANF cash assistance grant.



## D. Parent Co-Payment

All participants in the CCAP are expected to share in the cost of their child care services. This parent share is called the co-payment. The co-payment is calculated after eligibility has been determined and is payable to the provider. The size of the co-payment paid to the provider depends on family income, family size, and the number of children in child care. Co-payment levels or fees for a family of three ranges from a low of approximately 1.0 percent of a family's income to a high of approximately 8.0 percent for the first/only child in care, and an additional 1.0 percent to 6.0 percent for the second child in care. The average monthly co-payment cost per family was \$68 in FY02. Parents paid 13 percent of the cost of care and the State paid 87 percent. Parent co-payments contributed \$77.0 million to the total annual cost of care. This amount does not include parent co-payments paid to providers in the City of Chicago. Table 1 below shows the number of families paying co-payments and the percentage of families receiving child care assistance.

**Table 1: Parent Co-Payment**

<b>Co-Payment Paid</b>	<b>Number of Families</b>	<b>Percent of Families Receiving Child care assistance</b>
\$0*	1,653	1.9%
\$1 - \$25	16,028	18.6%
\$26 - \$50	16,580	19.2%
\$51 - \$100	30,757	35.6%
\$101 - \$200	18,660	21.6%
Greater than \$200	2,688	3.1%

\* These are RPY cases.

## E. Provider Payment Rate

Reimbursement to providers is determined by payment rates established by DHS (see Appendix E). Rates varied by region, type of care, licensed status of facility, and age of the child or children. Rates were increased substantially for some categories of care in January 1999. A cost of living adjustment (COLA) was effective July 2000, and rates have not been increased since that time. The last market rate survey was conducted in 2002. The results show that the rates paid to most providers are well below the federal expectations of 75 percent of the rate paid in the market.

## F. Programs Supporting the Child Care System

### Child Care Resource and Referral System

DHS contracts with 17 Child Care Resource and Referral (CCR&R) agencies operating in 21 sites. The CCR&Rs determine eligibility of child care assistance applicants and process child care assistance payments to providers, as well as perform the following services:

- Provide parents of all income levels with consumer education and referrals to child care in their communities;
- Deliver training and assistance to all legally operating providers in order to improve the quality of care offered;
- Help develop new child care resources in communities where they are needed;
- Assemble and maintain an accurate child care provider database to provide up-to-date information to parents; and
- Record and analyze data on child care supply and demand to support community capacity building.

In FY02, Child Care Resource and Referral agencies provided child care consultation and referral to a total of 36,558 families seeking care for 55,194 children. The child care consultation and referral services are valued by families who represent a wide income range. Over one third of the families receiving these services had incomes above 50 percent of the state's median income. Of the total number of families given consultation and referral services by CCR&Rs, 641 (2 percent) families were recipients of TANF. This is a 3 percent decrease in the number of families receiving these services who were TANF recipients during FY02.

The CCR&R provider database held information on 14,973 child care centers and homes, with 384,326 spaces at the end of FY02. These provider figures represent a 9 percent increase in programs and a 6 percent increase in spaces since FY00.

### **FY02 Statewide CCR&R Training Activities**

The Illinois Child Care Resource and Referral system also engages in training and professional development activities. In FY02, 4,465 trainings were held statewide and covered the eight content areas of the Child Development Associate (CDA) credential. These areas include: 1) Safe and Healthy Environment; 2) Physical and Intellectual Development; 3) Social and Emotional Development; 4) Relationships with Families; 5) Effective Program Operation; 6) Commitment to Professionalism; 7) Recording Children's Behavior; and 8) Child Growth and Development. During FY02, 48,632 child care professionals attended 133,903.75 hours of training. In FY01, 37,065 child care professionals attended 98,608 hours of training.

Of the 48,632 providers who attended these FY02 trainings:

- 34,593 attended workshops for a total of 81,417.5 hours of training
- 6,008 attended training series for a total of 29,404.5 hours of training

- 5,579 attended conferences for a total of 15,716.5 hours of training

- 2,105 participated in self-study opportunities for a total of 5,556.25 hours of training
- 347 attended special care trainings for a total of 1,809 hours of training

Of the 48,632 providers who attended these FY02 trainings:

- 20,714 were Licensed Family Child Care Home providers
- 299 were Licensed Group Family Child Care Home providers
- 798 were License Exempt Family Child Care Home providers
- 3,209 were Licensed Center Directors
- 154 were License Exempt Center Directors
- 16,766 were Licensed Center Staff
- 706 were License Exempt Center Staff
- 638 were Kith and Kin providers
- 5,348 were other child care professionals

### **College Scholarships**

College scholarships offer an opportunity for child care workers to obtain important professional development. The scholarships offer them a cost-effective approach for obtaining an Associate or Bachelor's Degree in Early Childhood Education. The increased education of the providers also helps the children by enhancing the quality of care provided in the classroom. A total of 3,255 child care professionals received \$324,838.03 in professional development funds for college credit or non-credit courses.

This included:

- 922 Licensed Family Child Care Home providers received \$85,140.96 for 311 credit hours and 2,221.25 non-credit hours
- 29 Licensed Group Family Child Care Home providers received \$4,001.25 for 43.5 credit hours and 72.5 non-credit hours
- 16 License Exempt Family Child Care Home providers received \$1,166.60 for 11 credit hours and 67.75 non-credit hours



- 293 Licensed Center Directors received \$44,427.17 for 272.5 credit hours and 2,328 non-credit hours
- 14 License Exempt Center Directors received \$1,961.69 for 13 credit hours and 27 non-credit hours
- 1,873 Licensed Center Staff received \$171,501.98 for 1,532.5 credit hours and 13,533 non-credit hours
- 93 License Exempt Center Staff received \$14,080.38 for 64 credit hours and 378.25 non-credit hours
- 14 Other child care professionals received \$2,558 for 18.5 non-credit hours

Funds awarded for other professional development activities totaled \$282,540.78. A total of 670 child care professionals pursued a variety of professional development activities.

They included:

- 290 Licensed Family Child Care Home providers
- 2 Licensed Group Family Child Care Home providers
- 47 License Exempt Family Child Care Home providers
- 122 Licensed Center Directors
- 2 License Exempt Center Directors
- 206 Licensed Center Staff
- 1 License Exempt Center Staff

## **CHAPTER II**

### **Child Care Needs of Families and Children**

#### **A. Introduction**

This chapter examines the need for child care services by Illinois families and their children. The FY02 information sources are Illinois Department of Human Services (DHS) child care assistance data and the records of the Child Care Resource and Referral agencies (CCR&Rs) on families seeking child care consultation and referral. DHS administrative data include information routinely collected by the agency. The CCR&R data is compiled by INCCRRA.

Obviously, the data does not include all families and children requiring child care services in Illinois. Most families do not receive child care assistance, and many families find child care services through friends, family, ads, and other informal means. DHS will supplement administrative and CCR&R data with additional information, as available, for a broader understanding of child care needs in Illinois.

There are two dimensions of “need” or “demand” for child care. The first dimension of need is the overall number of children needing child care, i.e., the number of child care spaces required to meet the need. The second dimension consists of all the unique requirements of families and children for their specific child care needs. Factors influencing these requirements include age of a child, type of care arrangement desired, schedule of parent(s), desired location of a child care provider, special needs of child, and ability of parents to pay for child care. These specific child care needs greatly complicate the task of finding affordable quality child care.

#### **B. The Demand for Child Care**

According to the 2000 National Census, Illinois ranked fifth among the states with a total population of 12,419,292. This represented an increase of 8.6 percent over the 1990 census figure of 11,430,602. Chicago alone accounts for one-fourth of the state’s total population, and the Chicago metropolitan area accounts for two-thirds of the population. Over 2.7 million of the state’s population are children under fifteen years of age. They include 876,549 children under five years of age; 929,858 children between the ages of five and nine years; and 905,097 children ages ten to fourteen years of age. These children represent the overall demand for child care in Illinois.

#### **C. The Specific Child Care Demand Components**

##### **Type of Care Requested**

Theoretically, families have a number of child care arrangements from which to choose, as shown in Table 2 on the following page. In reality, a variety of factors may limit the types of arrangements available to them, as discussed in subsequent sections. Table 2 also indicates the type of child care arrangement requested based on the number of children for whom care was requested.

**Table 2: Type of Care Requested**

CARE REQUESTED	FY98	%	FY00	%	FY02	%
CENTER (ONLY)	4,790	8	5,426	8	3,999	8
HOME (ONLY)	12,378	21	12,810	19	9,659	18
IN-HOME (ONLY)	910	2	541	1	353	1
CENTER or HOME	38,540	66	48,462	71	39,294	73
CENTER or IN-HOME	51	0	36	0	14	0
HOME or IN-HOME	594	1	317	0	233	0
CENTER, HOME, or IN-HOME	1,050	2	398	1	N/A	N/A
<b>TOTAL REQUESTS</b>	<b>58,313</b>	<b>100</b>	<b>67,990</b>	<b>100</b>	<b>53,552</b>	<b>100</b>

According to CCR&R data, the number of requests for Center or Home care referrals (meaning families requesting referrals for center and home provider referrals for one child) decreased by 26 percent from FY00 to FY02. This decrease may reflect the need that parents have for care during second or third shifts, or variable work schedules or weekends. The fact that the requests for day care homes have fallen only slightly since FY98 may reflect the flexibility that homes have to accommodate such schedules.

### **Schedule Requested**

The data does not reveal the total number of spaces actually needed because parents could request more than one type of schedule for the same child. This data shows that the schedules requested have remained very consistent since FY98. Full-time care continues to be the most requested type of care and represents 61 percent of all requests. Evening and After School care have been the next most requested type of care over the same time span. Table 3 on the following page shows the care schedules requested by parents who contacted their local CCR&R.

**Table 3 - Schedules Requested (Number of Children)**

<b>SCHEDULES</b>	<b>FY98</b>	<b>%</b>	<b>FY00</b>	<b>%</b>	<b>FY02</b>	<b>%</b>
FULL TIME	49,274	58	55,199	61	45,938	61
DROP IN	572	0	471	0	281	0
TEMP / EMERGENCY	946	1	700	0	288	0
24 HOUR	224	0	492	0	326	0
EVENING	7,028	8	8,581	9	7,720	10
OVERNIGHT	1,175	1	1,638	2	1,419	2
WEEKEND	5,006	6	5,848	6	5,766	8
BEFORE SCHOOL	5,624	7	6,423	7	4,831	6
AFTER SCHOOL	8,191	10	9,382	10	7,162	10
VACATIONS / HOLIDAYS	5,009	6	1,419	2	225	0
ROTATING	2,741	3	2,366	3	2,088	3
<b>TOTAL REQUESTS</b>	<b>85,790</b>	<b>100</b>	<b>92,519</b>	<b>100</b>	<b>76,044</b>	<b>100</b>

**Note:** Multiple schedules may be requested by a family for one child so numbers will not add to the total number of children for which care was requested.

### **Location Requested**

The vast majority of families continued to choose “Near Home” as one of a number of possible location preferences. More than 73 percent chose “Near Home” in FY02 (see Table 4) which was consistent with FY98 and FY00. “Near Work” represented requests for 17 percent of the children. In FY02, there was an overall decrease of 20 percent for the number of locations requested. “Other” may include the desire to be near a relative, friend, or bus stop.

**Table 4 - Location Requested**

<b>LOCATION</b>	<b>FY98</b>	<b>%</b>	<b>FY00</b>	<b>%</b>	<b>FY02</b>	<b>%</b>
NEAR HOME	58,941	69	64,347	71	53,145	73
NEAR WORK	16,023	19	15,973	18	12,111	17
NEAR SCHOOL	6,129	7	4,826	5	3,321	4
OTHER	4,540	5	5,773	6	4,096	6
<b>TOTAL LOCATIONS</b>	<b>85,633</b>	<b>100</b>	<b>90,919</b>	<b>100</b>	<b>72,673</b>	<b>100</b>

Parents may make multiple location requests for a child; 1.4 location requests per child were expressed. This reflects that some families must depend on more than one child care arrangement for a child, a reality that is documented by research and anecdotal stories.

### **Age of Children**

Table 5 on the following page shows child care requests by age of the child experienced a drop in FY02 compared to FY00, but the percentage of requests by the age of the child remained about the same. One theory for the overall decrease could be that more parents are finding less expensive care by relying on

relatives and friends rather than outside child care services, possibly due to the economy.

**Table 5 - Child Care Requests by Age of Children**

<b>REQUESTS BY AGE</b>	<b>FY98</b>	<b>%</b>	<b>FY00</b>	<b>%</b>	<b>FY02</b>	<b>%</b>
INFANTS	19,299	30	15,872	24	13,471	25
TODDLERS	5,502	9	9,862	15	8,382	15
TWO YEAR OLD CHILDREN	8,675	14	8,876	13	7,494	14
THREE TO FOUR YEAR OLD CHILDREN	13,834	21	13,918	21	10,981	20
FIVE YEAR OLDS / KINDERGARTNERS	4,753	7	4,994	7	3,662	6
SCHOOL AGE	12,212	19	13,653	20	11,004	20
<b>TOTAL CHILDREN</b>	<b>64,275</b>	<b>100</b>	<b>67,175</b>	<b>100</b>	<b>54,994</b>	<b>100</b>

## CHAPTER III

### Child Care Services in Illinois

#### A. Introduction

Information about child care services and care giver characteristics are presented in this chapter. As in previous chapters, the focus is on the status of services in FY02 as well as the extent of change over the previous fiscal years.

#### B. Capacity of Illinois Child Care Services

##### Supply Licensed by DCFS

One method of assessing supply is to consider the number of spaces (capacity) licensed by DCFS compared to the number of children who may require full-day child care. Table 8 shows the number of children, ages 0-5 based on 1990 Census, compared to the licensed supply of child care center and home providers. Center capacity is the number of spaces in centers for children through 13 years of age; home capacity is the number of spaces in homes for children through 11 years of age.

As of June 2002, 2,735 licensed centers were providing 182,095 spaces, a 9 percent decrease in centers and a 2 percent decrease in center spaces as compared to June 2000 as shown in Table 6. The number of licensed child care homes was 10,125 and the number of spaces was 79,588 as of June 2002. This represents a 2 percent increase in homes and a 4 percent increase in spaces over the previous year. These changes may only reflect an improvement in the maintenance of the database and the faster removal of providers no longer providing licensed care rather than a substantive change in the provision of licensed care.

**Table 6: Number of Facilities/Number of Spaces per 1,000 Children 0-5 Years of Age**

	0-5 Child Population	Total Centers	Centers Capacity	Total Homes	Homes Capacity	Total Licensed	Total Capacity
<b>June 2000</b>	1,018,444	3,014	185,924	9,956	76,263	12,970	262,187
<b>June 2002</b>	1,018,444	2,735	182,095	10,125	79,586	12,860	261,681

A number of factors should be kept in mind when interpreting these data. First, while the use of children ages 0-5 is convenient for comparison purposes, some of these spaces are actually filled by school age children, thereby reducing the number of spaces available to children under six. Also, while the entire population of children under age six is used for estimating purposes, it is recognized that not every child will need paid care because a parent or other unpaid person will care for them.

### C. Child Care Facilities Listed with CCR&Rs

The statewide Child Care Resource & Referral provider database contains 14,973 center and home facilities with spaces for 386,582 children as of June 2002. These figures include both licensed and license-exempt facilities. Table 7 shows that between June 2000 and June 2002 the total number of facilities listed with the CCR&Rs increased 9 percent from 13,735 to 14,973, and the total number of spaces available in these facilities increased 7 percent from 362,266 to 386,582.

**Table 7: Child Care Facilities Listed with CCR&Rs**

	FY 2000				FY 2002			
	Facilities	%	Spaces	%	Facilities	%	Spaces	%
<b>LICENSED</b>								
Homes	7,975	72%	61,985	25%	9,120	74%	72,349	26%
Group Homes	274	2%	3,575	1%	345	3%	4,417	2%
Centers	2,906	26%	187,087	74%	2,906	23%	197,947	72%
<b>Total Licensed</b>	<b>11,155</b>	<b>100%</b>	<b>252,647</b>	<b>100%</b>	<b>12,371</b>	<b>100%</b>	<b>274,713</b>	<b>100%</b>
<b>LICENSE-EXEMPT</b>								
Homes	707	27%	2,317	2%	676	26%	1,829	2%
Centers	1,873	73%	107,302	98%	1,926	74%	110,040	98%
<b>Total License Exempt</b>	<b>2580</b>	<b>100%</b>	<b>109,619</b>	<b>100%</b>	<b>2,604</b>	<b>100%</b>	<b>111,869</b>	<b>100%</b>
<b>TOTAL BOTH</b>	<b>13,735</b>		<b>362,266</b>		<b>14,973</b>		<b>386,582</b>	

A comparison of Table 6 with Table 7 reveals that virtually all licensed centers are registered with their local Child Care Resource and Referral agency. The fact that the number of licensed centers registered with CCR&Rs is higher than the number licensed by DCFS may be a reflection of listing programs more than once in the CCR&R databases. Centers that operate more than one type of program are listed in the CCR&R database for each program, even though they are licensed as only one facility. For example, a licensed center that operates both a full-time child care assistance program and a part-time preschool program may only have one license and, therefore, be listed in the DCFS database only once. However, the center may be listed twice in the CCR&R database in order to expedite the parent referral process and better match the parent's needs.

More than three fourths of the family child care homes that have been licensed by DCFS choose to register with their local CCR&R. Family child care homes that do not register with their local CCR&R are not available for parent referrals, nor do they receive information about training and other forms of technical assistance available from the CCR&R system.



## D. Provider's Schedules

A provider's care schedule and the parent's need for care schedule must coincide for the care to be useful for the family. Providers' schedules will be examined using three sets of criteria: full-day child care for families who work the traditional 8 a.m.- 5 p.m. work day; part-day care or nursery school care; and care during non-standard hours, such as evenings and weekends.

### Full-Day, Standard Schedules

The data in Table 8 below represents all registered facilities which offered full-day child care, excluding nursery school only, before/after school care only, and summer camp only. This information reveals the system's capacity to provide care for children under 6 years of age whose parents are employed full time and work the traditional Monday through Friday, 8:00 a.m. to 5:00 p.m. work schedule.

**Table 8: Full-Day Facilities Listed with CCR&Rs**

	FY 1998		FY 2000		FY 2002	
	Facilities	Spaces	Facilities	Spaces	Facilities	Spaces
<b>HOMES</b>						
<b>Licensed</b>	7,739	58,726	7,954	61,820	8,806	70,095
<b>License-Exempt</b>	754	1,941	704	2,312	650	1,777
<b>Licensed Group</b>	231	2,933	266	3,503	328	4,231
<b>SUBTOTAL HOMES</b>	8,724	63,600	8,924	67,635	9,784	76,103
<b>CENTERS</b>						
<b>Licensed</b>	1,734	122,991	2,107	151,828	1,999	157,287
<b>License-Exempt</b>	514	27,809	1,181	77,126	496	46,018
<b>SUBTOTAL CENTERS</b>	2,248	150,800	3,288	228,954	2,495	203,305
<b>TOTAL BOTH</b>	10,972	301,600	12,212	296,589	12,279	279,408

As the FY02 data indicates, 12,279 facilities had full-day space capacity for 279,408 children. Although the CCR&R records list 386,582 full-time spaces, fewer spaces are actually available because some of these spaces were filled by children in part-day child care in these full-time facilities.

An additional 681 facilities (not included in the table) offered before/after school child care, thus expanding the potential for full-day child care for children attending school full-time during the day to 34,556 school-age children.

### **Non-Standard Schedules**

Parents' schedules increasingly require care for their children outside of the traditional Monday through Friday, 8 a.m. to 5 p.m. work schedule. Table 9 lists schedule arrangements, full-time and non-standard, offered by care givers listed with the CCR&R system and changes during FY98, FY00, and FY02. The number of facilities offering full-time schedules is listed for comparative purposes. The number of facilities offering non-traditional care has steadily increased over the last five years. This is an important resource for low-income families.

**Table 9: Number of Facilities Offering Full-Time and Non-Standard Hours**

<b>SCHEDULE</b>	<b>FY'98</b>	<b>FY'00</b>	<b>FY'02</b>
<b>Full Time</b>	10,972	12,212	13,493
<b>Drop In</b>	3,671	3,830	4,404
<b>Temp/Emergency</b>	4,396	4,580	5,287
<b>Twenty-Four Hour</b>	416	498	561
<b>Evening</b>	1,315	1,603	1,965
<b>Overnight</b>	839	1,053	1,468
<b>Weekend</b>	650	844	970
<b>Before School</b>	7,943	8,457	9,770
<b>After School</b>	8,281	8,841	10,184
<b>Vacations/Holidays</b>	4,979	4,869	3,635
<b>Rotating</b>	3,723	4,013	4,516
<b>TOTAL FACILITIES</b>	<b>13,403</b>	<b>13,954</b>	<b>14,975</b>

**NOTE:** A facility may offer more than one type of schedule, so numbers do not add up to total facilities. Facilities offering full-time schedules are reported in the first row for comparative purposes. Total facilities refers to the total number of facilities registered with the CCR&Rs.

### **E. Acceptance of Children with Child Care Assistance**

Child care providers listed with CCR&Rs were asked about their willingness to accept families receiving child care assistance. Table 10 on the following page includes FY98, FY00 and FY02 for a comparison of the number of providers willing to accept families receiving child care assistance.



**Table 10: Providers Willing to Accept Families Receiving Child Care Assistance**

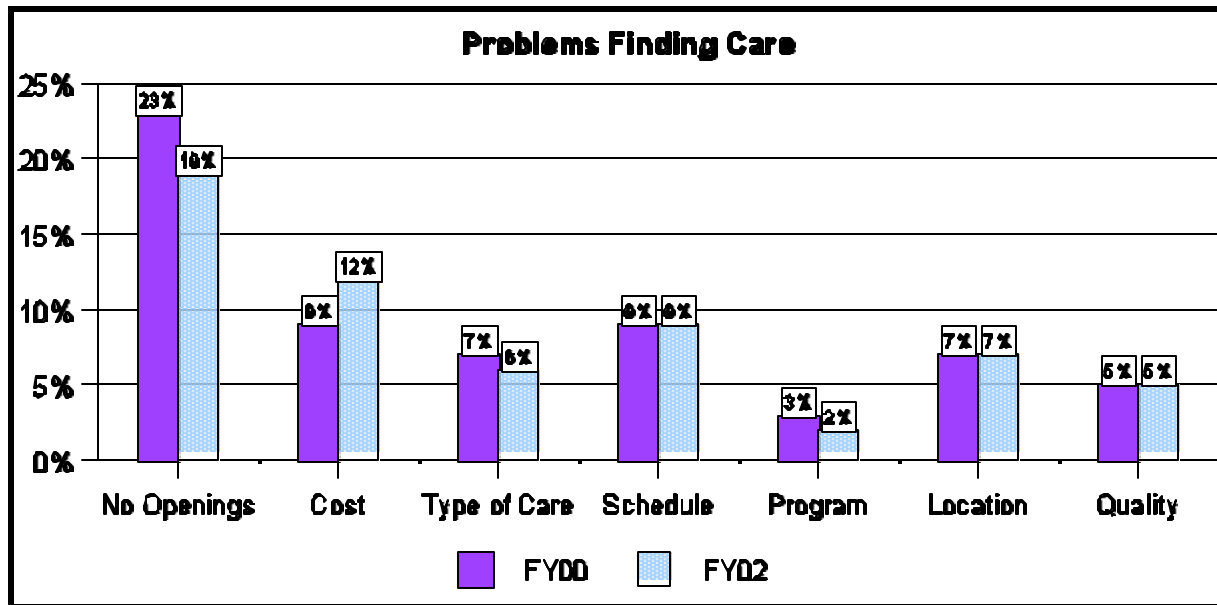
	FY98	FY00	FY02
<b>Number of Providers</b>	13,403	13,755	14,973
<b>Number of Providers Willing to Accept Child care assistance Children</b>	8,042	8,991	10,436
<b>Percent of Providers Willing to Accept Child care assistance Children</b>	60%	68%	73%

This table demonstrates that the number and percentage of child care providers registered with the CCR&Rs willing to accept subsidy has substantially increased over the last five years.

### F. Problems Finding Care

One method of evaluating the match between resources and needs is to examine data from CCR&R follow-up interviews conducted with 20 percent of the families four to six weeks after their initial contact with the CCR&R. During FY02, the staff conducted follow-up surveys (via mail and/or phone) with the families of 13,240 children. Families that received enhanced services were not included in the interviews. Chart 2 represents a comparison between the problems reported by families in the follow-up interviews in finding child care between FY 00 and FY02.

**Chart 2 - Problems Finding Care**



According to Chart 2 above, of those families who report a problem finding child care during FY00 and FY02, the most mentioned problem is no openings. However, the data should be interpreted with caution, as families using CCR&Rs in their child care searches are not necessarily representative of the population of families who seek child care services. Some families contact CCR&Rs because of difficulties finding

child care. Nevertheless, since CCR&Rs facilitate the search process, families may ultimately have better outcomes in their search, and its evaluation measures' outcomes.

The problem mentioned second most frequently was cost of care. It had the largest percentage of increase (33%) of all problems mentioned. The large increase in cost as a problem may reflect the difficulty low-income parents, particularly those with non-traditional schedules, may have in locating affordable child care. Even if available spaces matched the number of children needing care, the schedules, locations, and types of care would not necessarily fit the specific needs of children and their families. For example, if the data indicate that more evening spaces are available than families requesting evening care, it does not guarantee that all families seeking evening care will have a space. Many of the evening spaces may be in the northern part of Illinois, and the majority of the families seeking evening care may be in the southern part of Illinois. Or, all of the evening spaces may be for preschool-aged children and all of the families seeking evening care may have infants.

## **G. Conclusion**

The data presented in this report offers an incomplete but very encouraging picture of the efforts of the Illinois Department of Human Services and the Illinois Network of Child Care Resource and Referral Agencies to promote accessible and affordable quality child care in Illinois. Many agencies, associations, policymakers, and parents assisted in this endeavor.

The CCAP provides low income families with access to quality, affordable child care that allows them to work and contribute to the healthy emotional and social development of the child. This is done by providing subsidies to all families who are below 50% of the 1997 Illinois median income. There are no waiting lists for this program.

Mindful of families' needs for child care that meets age, schedule, location, and special needs requirements, DHS will continue to ensure that child care services meet the changing and unique needs of families. Finally, through its initiatives and collaborations, DHS will continue to promote improved quality child care that develops the fullest potential of children.

## CHAPTER 4

### FY02 DHS Child Care Accomplishments

#### **A. Introduction**

In addition to expanding affordable child care to low-income working families, Illinois is committed to promoting quality child care environments throughout the state. The Child Care Assistance Program increases the state's investment in initiatives to enhance quality through expanded collaborations and additional funding.

#### **B. Improving Access/Expanding Quality**

##### **Child Care Quality Enhancement Requests for Proposal**

Fiscal Year 2002 completed a three-year cycle of child care quality enhancement grants issued in 1999. Grant funds that were awarded in FY02 allowed grantee programs to provide education and training to child care staff and family home care givers, pursue accreditation, offer educational and involvement activities to parents and families, and facilitate community collaborations. Over \$5 million was awarded to more than 125 grantees statewide in FY02 to help improve the quality of child care for Illinois children and families.

##### **Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Program**

The Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Program for child care providers aims to improve three factors associated with higher levels of quality in early childhood programs: the education level of care givers, the consistency of care (reducing turnover) and care giver compensation. T.E.A.C.H. provides both child care center staff and licensed family home providers with partial funding for college scholarships, travel and release time. Each T.E.A.C.H. participant signs a contract agreement with an education attainment goal. Upon completion of a contract, the scholarship recipient agrees to remain employed at their current program for an additional period of time beyond the term of their contract. Commitment periods range from six months to two years. T.E.A.C.H. provides scholarship options for associate and bachelor degree programs, the Child Development Associate credential (CDA), the Certified Child Care Professional credential (CCP), and the Illinois Directors Credential (IDC). Illinois' investment in T.E.A.C.H. was \$2.4 million in FY02. This supported 1,195 scholarships to 1,135 recipients.

##### **Great START (Strategy to Attract and Retain Teachers) Program**

Complementing the T.E.A.C.H. Program, the Great START (Strategy to Attract and Retain Teachers) Program was implemented in FY01. The focus of this initiative is on improving children's developmental and educational outcomes by encouraging increased professional preparation and retention of child care providers. Great START is a wage supplement program for child care providers working in DCFS licensed centers and homes who have attained education above minimum licensing standards. Eligible providers can apply for semiannual payments in accord with a wage supplement scale as long as they continue to be employed at the same child care assistance program. Wage supplement amounts increase for higher levels of education attainment. In FY02, 2,292 providers were approved for wage supplement payments. A total of 3,216 participants have received payments since the first supplements were paid in April of 2002. Funding for this fiscal year was \$5 million.

### **Illinois Healthy Child Care Initiative**

The Illinois Healthy Child Care Initiative supports collaborations between Statewide Child Care Resource and Referral (CCR&R) System agencies and county health departments. Funding provides for a public health nurse consultant to be placed at each CCR&R site and Cook County partner offices. Nurse consultants assist with health outreach, facilitate training for child care providers and establish consultative relationships with child care centers and homes. The goal of the initiative is to connect public health and child care systems to support healthy child care environments and, ultimately, healthy outcomes for children in care. The Healthy Child Care Initiative is funded by a partnership of two DHS Bureaus, Child Care and Development (\$1,076,000) and Maternal and Child Health (\$675,000) for a FY02 total of over \$1.7 million.

### **Quality Counts Outreach**

Quality Counts, a public education and technical assistance campaign that aims to educate parents, child care providers, communities and employers on the importance of quality child care, was implemented statewide in FY01. Initiative funds support Child Care Resource & Referral (CCR&R) System activities that address local needs with consumer/community awareness and education, and direct services to assist and train child care providers. To aid in the delivery of services, and in partnership with the “Futures For Kids” initiative, the 17 statewide CCR&R agencies were provided with Quality Counts vans. These vans are equipped with affordable and quality child care information, KidCare brochures, and materials and supplies related to child development, literacy, and health and safety. A variety of lending library items are also on the vans. The following services were provided by this multifaceted program during FY02:

- A coordinated statewide consumer education campaign emphasizing the importance of quality in child care. Information was shared in a variety of ways including distribution of written materials and use of public service announcements on television and radio;
- Collaborative activities with agencies throughout the state including libraries, family child care networks, Regional Office of Education and the Public Broadcast Service;
- Participation in local and state expos, fairs and conferences;
- On-site visits to licensed and license-exempt child care centers and homes to share resources and provide technical assistance; and
- The promotion of literacy skills through shared resources, training, and in some areas, distribution of children’s books.

### **Quality Counts Child Care Grant Program**

In addition to the above, a new program was implemented during FY02 under the umbrella of the Quality Counts Initiative, Quality Counts Child Care Grants. This program was offered regionally through the Statewide Child Care Resource and Referral System. On a competitive grant basis, family child care homes and child care centers were able to request grant funds for materials, equipment and/or facility improvements that would expand and/or improve the quality of child care services. Family homes were able to request grant funds for materials, equipment and/or facility improvements that would expand and/or improve the quality of child care services. Family homes were able to request up to \$1,500 and centers up to \$3,000 in grant monies. Funding for this project in FY02 was \$1.5 million, with over 1,050 grants being awarded. One third of available funds were targeted to benefit infant and toddler care. The actual amount of funds awarded to improve and expand infant and toddler care equaled over \$700,000, almost half of total funds available.

### **Special Needs/Inclusive Child Care**

Two statewide initiatives to support the inclusion of children with special needs/disabilities in child care settings were implemented in FY01 and continued in FY02. The first initiative, Special Care Outreach, was designed to support a statewide cadre of trainers. These trainers provided six to eight-hour training seminars to child care providers on the topic of inclusive child care. The training increased child care providers' knowledge and level of comfort, so they were willing and able to extend their traditional roles to care for children with special needs/disabilities. For FY02, there were 15 Special Care Outreach training opportunities offered statewide, attended by over 200 participants. Data indicates that the largest group of participants were center staff, followed by family child care providers. The second initiative provided an "add-on" amount to the standard child care assistance daily rate for children eligible for child care assistance who also have a disability. Eligible children with a demonstrated disability who attended a DHS site-administered contract program were able to apply for a 20 percent special need add-on rate. The additional funds were used by the child's care provider for supports such as purchasing of adaptive equipment and securing specialized training for the child's care giver.

### **Inter-Agency Memorandum of Agreement for Children with Disabilities/Special Needs**

During FY02, DHS took the lead for evaluation of the 2001 Agreement. Upon evaluation and dissemination of the report, a two-year agreement for providing services to young children with disabilities/special needs and their families was developed and signed by the two federal and two state agencies involved, as well as by the Illinois Head Start Association. This report was widely disseminated in FY02.

### **Extended Hours Pilot Program**

In FY02, the pilot ended that had allocated extra funding to eight sites (six centers and two-day care home networks) across the state in order to expand service hours to accommodate parents who work non-traditional schedules such as second, third or swing shifts and weekends. The purpose of the pilot was to determine what barriers existed to operating an extended hours program and what supports the state could provide to overcome those barriers. The major finding of the pilot was that the centers could not obtain and maintain the critical number of extended hours children needed to break even financially. This finding

is consistent with other public and private attempts to offer center based extended hours care. The factors contributing to this outcome included: the inability to reduce costs in times of low enrollment due to licensing standards and safety concerns; variability of parent's work schedules, particularly those in the service industry; and the desire of parents for a home-like setting if their child had to go to bed before the parent picked them up. As of the end FY02, only one center of the six original participating centers continued to offer extended hours care.

In contrast, both day care home networks that were in the original pilot were still providing extended hours care. The home networks had the lowest overall costs of those in the pilot. They did not have high fixed expenses as did the centers, and the parent and home care provider were often able to make flexible arrangements that best suited the needs of the parent and provider. Because of the low fixed costs, this flexibility was not damaging to the home provider.

### **Infant-Toddler Incentive Program**

In FY99, an infant-toddler incentive program was developed in order to increase the number of child care spaces in centers that are available to low income families with infants and toddlers. This program pays up to a maximum of 10 percent above the child care assistance rate for children 2½ years of age and younger. The 10 percent add-on is paid only to centers that serve a high percentage of DHS children that are 2½ years old or younger and receiving child care assistance. The infant-toddler incentive rate paid by DHS cannot exceed the rate paid by the general public for children age two and younger. Children whose care is paid by an agency other than DHS are not eligible for this program.

To qualify for the infant-toddler incentive, at least 50 percent of the children five years of age and younger in the center must be thirty months or younger; and 50 percent of those children must be receiving child care assistance. During FY02, an average of 1513 children per month met the criteria for an infant-toddler incentive payment, compared to an average of 973 children per month in FY01. Ninety centers received an infant toddler incentive payment in FY02, compared to sixty six centers in FY01. The Department's infant toddler incentive payments increased from \$606,109 in FY01 to \$1,051,092 in FY02.

## **C. Supporting Collaboration**

Collaboration remained at the forefront for DHS' Bureau of Child Care and Development and its Head Start State Collaboration Office during 2002, as well as on the 2003 Agenda. The Department is involved in numerous activities that address collaboration of the State's early childhood system.

### **Head Start and Pre-Kindergarten**

Head Start is a federal program administered by the U.S. Department of Health and Human Services and designed to provide comprehensive child and family development to low-income families. The program emphasizes the involvement of parents and provides social and health, as well as education services. The pre-kindergarten program is administered by the ISBE to provide early childhood education for three to five-year-old children who are at risk of academic failure. The program is

administered by school districts, which submit proposals to ISBE and determine their own criteria for “at-risk,” as well as develop screening programs to identify children in need of services.

### **Partners in Care and Education**

During FY02, Illinois continued to commit \$10 million to Head Start collaborations with child care, expanding the Partners in Care and Education program to more than 1,900 children, as planned in the prior year. The three policy changes enacted during FY01 to facilitate the Head Start-child care collaborations were implemented fully during FY02. An administrative child care collaboration rule was drafted during FY02 that would expand the policy changes to other approved, quality child care collaborative arrangements.

### **Early Childhood Care Pilot Projects**

DHS has committed more than \$50,000 annually to this project for the past 4 years. Five pilot communities developed and enhanced community collaborations that have provided respite care, full day/full year child care, and comprehensive services, and county and community-wide collaborations to improve health and other services.

### **School Readiness Program**

During FY02, DHS secured a contractor to complete this project. The Head Start State Collaboration Office Advisory Committee provided leadership and direction to both the Collaboration Office and Educational Specialties, Inc. for completion of the study.

### **Collaborative Support Team**

During FY02, twenty-five (25) consultants were trained on the collaborative process and the standards for the three major Illinois early childhood programs – child care, ISBE early childhood block grant, and Head Start. This project moved to the pilot phase during this fiscal year, with one site visit completed at a local community collaboration.

## **D. Strategic Planning**

The Child Care and Development Advisory Council is composed of professionals from the fields of early care and education appointed by the Secretary of the Department of Human Services (see Appendix A). The Child Care and Development Advisory Council plays a critical role in advising the Department on policies and procedures related to the CCAP.

During FY02, the Advisory Council worked on developing a blue print for the Child Care Assistance Program for the next five years. Working on this long range plan were policymakers, parents, providers, employers, and community organizations who helped to develop benchmarks for assessing progress and strategizing the future growth of the child care system in Illinois.

The Council established three committees that developed a vision, guiding principles, goals, strategies and action steps for improving the program to better meet the needs of Illinois families.

These work groups were:

3. **The Quality & Capacity Initiatives Committee** addressed issues as diverse as program collaboration, educational qualifications of child care workers, staff turnover, child care arrangements (including Kith and Kin, non-traditional hours, etc.), assessing child care needs and creating additional capacity. The committee provided quality-programming recommendations on child care assistance programs administered by the Illinois Department of Human Services.
4. **The Program Administration & Family Outcomes Committee** addressed relationships with providers, networking issues and linkages with other entities, accessibility and visibility in communities. It also incorporated state and federal rules, regulations and policies that govern child care assistance programs and the impact programs and policies have on the children and families served. The committee provided program administration and finance recommendations on child care assistance programs administered by the Illinois Department of Human Services.
5. **The Strategic Planning Committee** addressed the long term vision for child care in Illinois and assisted in creating a shared vision for the provision of child care services. Building upon the October 1999 strategic recommendations of the Quality & Capacity Committee, the Strategic Planning Committee will lead the effort to develop a blue print for the Child Care Assistance Program for the next five years. The long-range action plan will involve policymakers, parents, providers, employers and community organizations in helping to develop benchmarks for assessing progress and strategizing the future growth of the child care system in Illinois. The Strategic Planning Committee will be an on-going committee that is supported by the expertise of the Quality & Capacity Initiatives and Program Administration & Family Outcomes Committees.

The vision of child care in Illinois will have a two-generational focus: child care services that promote healthy child development and family self-sufficiency. The vision and guiding principle for early care and education in Illinois that the Advisory Council used was that: Illinois families will have multiple options for quality child care and early education that all offer children the opportunity to grow, learn and be cared for in safe, nurturing, culturally and developmentally appropriate settings and that the system will provide assistance that enable all working families to have access to quality care.

The strategic plan was the main focus of the Advisory Council in FY02. The final report was submitted to the Secretary of DHS in December 2002.

## **CHAPTER 5**

### **The FY03 DHS Child Care Goals**

#### **A. Introduction**

The Department of Human Services continually reviews program performance, makes adjustments, and develops new initiatives to address the needs of low-income parents. Based on FY02 experience, \$30.6 million will be invested to implement the following strategies in FY03 to increase the number of children receiving assistance and to expand the supply and enhance the quality of child care services.

#### **B. Improving Access/Expanding Quality**

##### **Education and Training**

In FY03, the Department will maintain funding to provide child care to parents who are not receiving TANF and need additional child care to pursue education that will result in a better job. Families participating in below-post secondary education or non-degree occupational/vocational training programs are eligible for child care for two years without a work requirement. After two years participants are required to work 20 hours per week. Participants enrolled in two and four year degree programs must work a minimum of 10 hours per week.

##### **Infant/Toddler Incentive Program**

The Department will strive to increase child care center participation in the infant-toddler program through outreach and provision of infant-toddler incentive program information packets.

##### **Partners in Care and Education**

The child care agenda goal for FY03 continues the \$10 million funding for Partners in Care and Education and expands the program by forty-five (45) spaces, to more than 2,000 children. It is the Child Care and Development Bureau's goal to file the draft administrative child care collaboration rule during FY03.

##### **Special Needs/Inclusive Child Care**

The statewide Special Care training, described in the FY02 Child Care Accomplishment section of this report, will be formally evaluated in FY03-04. Pre-training demographic and baseline information will be collected from training participants. Follow-up telephone interviews with participants who attend this training will be conducted twice over several month periods to assess training effectiveness and resulting outcomes. Evaluation information will be used to assess the need for possible adjustments to the training curriculum.

Additionally, in an attempt to increase the number of young children in Illinois receiving developmental screening, a new statewide curriculum is being planned that compliments the Special Care training. Developmental Screening training for child care providers will be developed in FY03 and implemented upon completion. The curriculum will cover best practices for offering developmental screening in all types of child care settings. Specifically, the training will cover what developmental screening is; how to prepare for and implement screening using a user-friendly tool that collects both parent and provider input; how to share results; and what community resources for referral are available. In addition, the Early Childhood Mental Health Consultant Pilot project described below is also part of the FY03 agenda.

### **Early Childhood Mental Health Consultant Pilot Project**

The Department is exploring funding options for a child care social/emotional health consultant pilot project for FY03. The model, similar to that in other states and the Illinois Healthy Child Care Nurse Consultant program, will fund a consultant to provide training, technical assistance, and consultative services to child care providers and the families they serve. The consultant will be on staff at a community social service agency and work closely with the local CCR&R agency to do outreach to child care center and family home programs. Expertise will be provided to address the needs of child care givers and families with children age birth to five years of age in child care that relate to social/emotional health. Education and consultation will be offered on child development in social/emotional areas, family relationships, care giver interactions with children and parents, children's behavioral issues, screening and assessment, and more. DHS plans to fund two more positions in two areas of the state. Evaluation of outcomes will occur as part of the pilot process.

### **Universal Preschool**

During FY02, the Governor's Task Force on Universal Access to Preschool recommended the creation of an integrated early care and education system that provides families with easy access to services and helps providers maintain stable, high-quality programs. The integrated system will include, but not be limited to: child care centers, family child care homes, Head Start programs and ISBE Pre-K programs. In order to provide high-quality pre-school programs for all three and four-year-old children, the early care and education workforce needs to be enhanced and expanded. In addition to Great START and T.E.A.C.H., workforce enhancement is being supported through the development of two programs: the Early Childhood Apprenticeship program and the Illinois Early Childhood Career Lattice.

### **Additional Quality Support Programs and Pilot Projects**

The Department's plan for FY03 includes funding for several programs and pilots that seek to address quality needs of the child care system in Illinois. These initiatives will target identified needs, providing system supports in a variety of areas including child care assistance program accreditation, management and technology training for child care center directors, and tax training for family child care providers. Pilot programs for FY03 are to include two projects that seek to address the needs of license exempt family home child care providers, specifically Kith and Kin or relative care givers.

## **C. Enhancing Quality**

### **Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Program**

The Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Program for child care providers aims to improve three factors associated with higher levels of quality in early childhood programs: the education level of care givers, the consistency of care (reducing turnover) and care giver compensation. T.E.A.C.H. provides both child care center staff and licensed family home providers with partial funding for college scholarships, travel and release time. For FY03, Illinois will commit \$2.8 million to the T.E.A.C.H. program.

### **Great START Program**

During FY02 the Great START wage supplement program was funded at \$5 million which supported incentive payments to licensed family home and center child care providers. Additional levels on the Great START incremental wage supplement scale were opened in FY02 allowing more child care givers to be eligible to apply for a wage supplement than was possible in FY01. Funding for the Great START program is planned to be increased to \$7,160,000 in FY03. During FY03, all levels on the incremental wage supplement scale will be opened for eligibility. The amount of a wage supplement received is based on the level of education an eligible applicant has attained. A wage supplement is paid every six months provided the care giver continues to be employed at the same child care assistance program. Great START aims to improve children's development and educational outcomes through the increased education and retention of child care givers. An Interim Evaluation Report detailing the program's progress and results was submitted to the Illinois legislature in December 2002.

### **Quality Counts Child Care Grant Program**

This program was offered regionally through the local child care resource and referral agencies in FY02. Center and family home providers were awarded grant funds through a competitive bid process to expand and/or improve the quality of their child care settings with materials, equipment and/or facility improvements. Total program funding was \$1.5 million for FY02 with individual grant maximums set at \$1,500 for family child care homes and \$3,000 for centers. The FY03 budget includes \$3.5 million for this project, one third of which is to target care for infants and toddlers. Funding priority is given to areas and programs serving children and families receiving DHS child care financial assistance. Another priority use for funding is to benefit the care of children with special needs. Individual grant maximums for FY03 will be \$1,500 for family homes, \$2,000 for family group homes and \$4,000 to \$12,000 for centers based upon program enrollment.

### **School Readiness Project**

The goal of the FY03 child care agenda is completion of the School Readiness Project. Data collection, analysis, and compilation will be conducted and a report issued by mid-FY03 that describes the results. The purpose of the study was to illustrate perceptions of early childhood & kindergarten teachers about school readiness, to capture best practices, and to use this information to facilitate greater awareness and closing of the gaps in understanding about it. The final report will reflect this.

## **D. Strategic Planning**

While the Strategic Plan articulates numerous strategies and action steps in support of its goals, the changes needed to align the program with the vision and guiding principles will be challenging to realize. The Advisory Council understands that these goals will not be implemented in a single year. The Council hopes to help the Department determine how to allocate resources to phase-in the strategies. This work is the priority goal for FY03.

The five major goals the Advisory Council hopes to implement are:

1. Fully implement a child care assistance system that enables all Illinois Families to access quality care.

2. Support quality child care through a system of adequate base rates and financial incentives for implementing progressively higher quality standards.
3. Support development of a child care work force dedicated to providing the highest quality care.
4. Encourage collaboration and blending of funds to provide the best possible early care and education system.
5. Implement planning and management tools that increase the system's responsiveness to providers and families and accountability to the public.

In the current fiscal climate, Illinois will be challenged to continue the advances it has made in making child care available for families who are struggling to achieve and maintain self sufficiency. But the needs of children for developmentally appropriate, consistent, high quality child care and the needs of parents for consistent affordable care are more evident than ever. The Governor, the members of the General Assembly, the Secretary of Human Services, IDHS working with its Advisory Council, the citizens of the state and numerous private and public partners must continue to make affordable quality child care a priority.

# **APPENDICES**

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## MEMBERSHIP ROSTER - OCTOBER 2002

SDA	PROGRAM NAME & ADDRESS	PHONE & FAX	COUNTIES SERVED
I	YWCA Child Care Solutions 4990 East State Street Rockford, IL 61108	REF (815) 484-9442 x 106 (888) 225-7072 PROV (815) 484-9442 x 107 SUB (800) 872-9780 x 110 (815) 484-9448 TDD (815) 484-9442	Boone, JoDaviess, Stephenson, Winnebago
II	Community Coordinated Child Care (4-C) Child Care Resource & Referral 155 North 3 <sup>rd</sup> Street, Suite 300 DeKalb, IL 60115	REF (800) 848-8727 x 223 PROV (815) 758-8149 x 222 SUB (815) 758-8149 x 228 TDD (800) 848-8727 x 239	Carroll, DeKalb, Lee, Ogle, Whiteside
III E	YWCA Child Care Resource & Referral YWCA of Lake County 2133 Belvidere Road Waukegan, IL 60085	REF (800) 244-5376 (847) 662-4247 PROV (847) 662-4247 SUB (847) 662-6129	Lake
III W	YMCA Child Care Resource & Referral 711 East Diggins Harvard, IL 60033	REF (815) 459-4459 x 27 (847) 516-0037 x 27 PROV (815) 459-4459 x 20 SUB (815) 943-8147 x 26	McHenry
IV	YWCA Child Care Resource & Referral 739 Roosevelt Road Building #8, Suite 210 Glen Ellyn, IL 60137	REF (630) 790-8137 PROV (630) 790-3030 SUB (630) 790-8009 TDD (630) 790-8137	Dupage, Kane
V	Child Care Resource & Referral 801 North Larkin, Suite 202 Joliet, IL 60435	PROV (815) 741-1163 REF (815) 552-5526 SUB (815) 741-4622 (800) 641-4622	Grundy, Kankakee, Kendall, Will
VI	Cook County Child Care Res. & Referral Day Care Action Council 4554 North Broadway, Suite 320 Chicago, IL 60640	REF (773) 769-8000 SUB (773) 564-8800 FAX (773) 506-9069  FAX (773) 862-9192 Liz Jacomet (773) 481-6590	Cook
VII	Community Child Care Res. & Referral A Unit of East Central TRAIN 2804 Eastern Avenue Davenport, IA 52803	REF (319) 324-1302 (800) 369-3778 SUB (319) 324-7844 (800) 923-7844	Henderson, Henry, Knox, McDonough, Mercer, Rock Island, Warren

SDA	PROGRAM NAME & ADDRESS	PHONE & FAX	COUNTIES SERVED
VIII	Child Care Connection Illinois Central College One College Drive East Peoria, IL 61635-001	REF (309) 679-0400 (800) 421-4371 SUB (309) 679-0945 (800) 301-3304	Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell, Woodford
IX	Child Care Resource & Referral Network 207 West Jefferson, Suite 301 Bloomington, IL 61701	REF (309) 828-1892 (800) 437-8256 SUB (309) 828-1892 (800) 437-8256	DeWitt, Ford, Livingston, McLean
X	Child Care Resource Service 166 Bevier Hall, 905 S. Goodwin Ave. Urbana, IL 61801	REF (217) 333-3252 (800) 325-5516 SUB (800) 379-7406 (217) 244-6188	Champaign, Douglas, Iroquois, Macon, Piatt, Vermilion
XI	Child Care Resource & Referral Eastern Illinois University Klehm Hall, Room 107 600 Lincoln Avenue Charleston, IL 61920	REF (217) 581-6698 (800) 545-7439 PROV (800) 545-7439 SUB (217) 581-7081 (800) 643-1026	Clark, Coles, Cumberland, Edgar, Moultrie, Shelby
XII	West Central Child Care WCU Building, Room 610 510 Maine Street Quincy, IL 62301	REF (217) 222-2550 (800) 782-7318 SUB (217) 222-2592	Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike, Schuyler
XIII	Community Child Care Connection 1004 North Milton Avenue Springfield, IL 62702-4430	REF (217) 525-2805 TTY (800) 676-2805 SUB (217) 525-2894 FAX	Christian, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, Scott
XIV	CHASI - Child Care Res. & Referral 2133 Johnson Road, Suite 100A Granite City, IL 62040	REF (800) 467-9200 PROV (800) 467-9200 SUB (800) 847-6770	Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington
XV	Project CHILD-Child Care Res. & Ref. 1100B South 42 <sup>nd</sup> Street, P.O. Box 827 Mt. Vernon, IL 62864	REF (800) 467-9200 PROV (800) 467-9200 SUB (800) 847-6770	Clay, Crawford, Edwards, Effingham, Fayette, Jasper, Jefferson, Lawrence, Marion, Richland, Wabash, Wayne
XVI	Child Care Resource & Referral John A. Logan College 700 Logan College Road Carterville, IL 62918	REF (800) 232-0908 SUB (800) 548-5563	Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, White, Williamson



**DEPARTMENT OF HUMAN SERVICES  
INCOME GUIDELINES  
FOR  
CHILD CARE ASSISTANCE**

(When total annual income is calculated, 10% will be deducted  
from gross wages and salary from an employer)

<b>FAMILY SIZE</b>	<b>MAXIMUM GROSS ANNUAL INCOME</b>
2	\$17,663
3	\$21,819
4	\$25,975
5	\$30,131
6	\$34,288
7	\$35,067
8	\$35,846
9	\$36,625
Each Additional Family Member	+ \$780

Updated April 4, 2002

State of Illinois  
 Department of Human Services  
**CHILD CARE PAYMENT RATES**

**Effective July 1, 2000**

The rates listed below are the maximum rates that the Department will pay per day.

- For care provided less than 5 hours per day, use the part-day or school age-day rate.
- For care provided from 5 through 12 hours per day, use the full-day rate.
- For care provided more than 12 hours but less than 17 hours in a day, use the full-day rate for the first 12 hours and the part-day rate for the remainder.
- For care provided from 17 through 24 hours in a day, use the full-day rate for the first 12 hours and the full-day rate for the remainder.

	<b>GROUP IA COUNTIES</b>				
	Cook Kendall		DuPage Lake	Kane McHenry	
	<b>Under 2½</b>		<b>2½ and Older</b>		
	Full-Day	Part-Day	Full-Day	Part-Day	School Age-Day
<b>Licensed and Licensed Exempt Day Care Center 760, 761</b>	\$33.77	\$16.89	\$24.34	\$12.17	\$12.17
<b>Licensed Day Care Home or Licensed Group Day Care Home 762, 763</b>	\$21.53	\$10.77	\$20.50	\$10.25	N/A

	<b>GROUP IB COUNTIES</b>				
	Boone McLean Sangamon Winnebago	Champaign Monroe St. Clair Woodford	DeKalb Ogle Tazewell	Kankakee Peoria Whiteside	Madison Rock Island Will
	<b>Under 2½</b>		<b>2½ and Older</b>		
	Full-Day	Part-Day	Full-Day	Part-Day	School Age-Day
<b>Licensed and Licensed Exempt Day Care Center 760, 761</b>	\$33.77	\$16.89	\$20.50	\$10.25	\$11.85
<b>Licensed Day Care Home or Licensed Group Day Care Home 762, 763</b>	\$19.14	\$9.57	\$16.40	\$8.20	N/A

	<b>GROUP II COUNTIES</b>				
	All other counties not listed above				
	<b>Under 2½</b>		<b>2½ and Older</b>		
	Full-Day	Part-Day	Full-Day	Part-Day	School Age-Day
<b>Licensed and Licensed Exempt Day Care Center 760, 761</b>	\$24.36	\$12.18	\$17.68	\$8.84	\$10.74
<b>Licensed Day Care Home or Licensed Group Day Care Home 762, 763</b>	\$16.59	\$8.30	\$13.84	\$6.92	N/A

<b>ALL COUNTIES</b>		You cannot charge a parent receiving child care assistance a higher rate than you charge your private paying clients.
<b>All Children</b>		
Full-Day	Part-Day	

<b>Licensed Exempt Day Care Home, Non-Relative in Child's Home or Relative 764, 765, 766, 76</b>	\$9.48	\$4.74
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