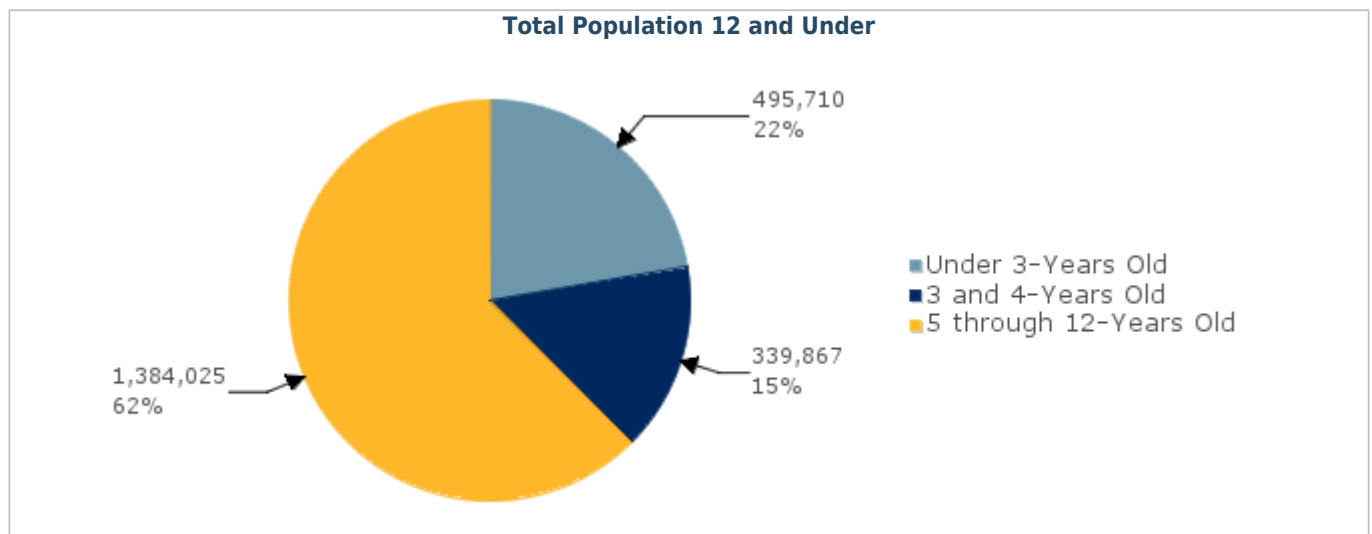




STATE/TERRITORY PROFILE - ILLINOIS

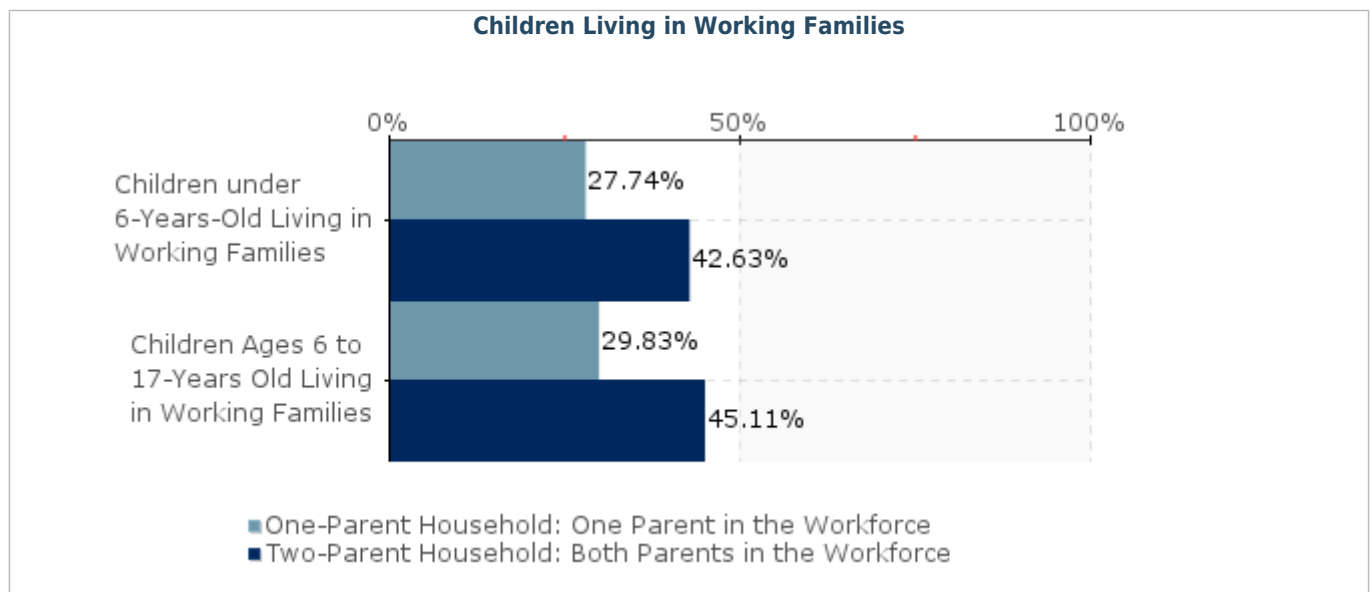
This profile highlights a current innovative effort to promote a subsidy system that is child-focused, family friendly, and fair to providers. It also provides demographic information, Early Care and Education (ECE) program participation and funding, subsidy innovation and program integrity information, program quality improvement activities, and professional development and workforce initiatives. Sources and links are provided at the end of the document

DEMOGRAPHICS



Source(s): U.S. Census Bureau. (n.d.). In American Community Survey, 2010. QT-P2 Single Years of Age and Sex. Retrieved from American FactFinder:

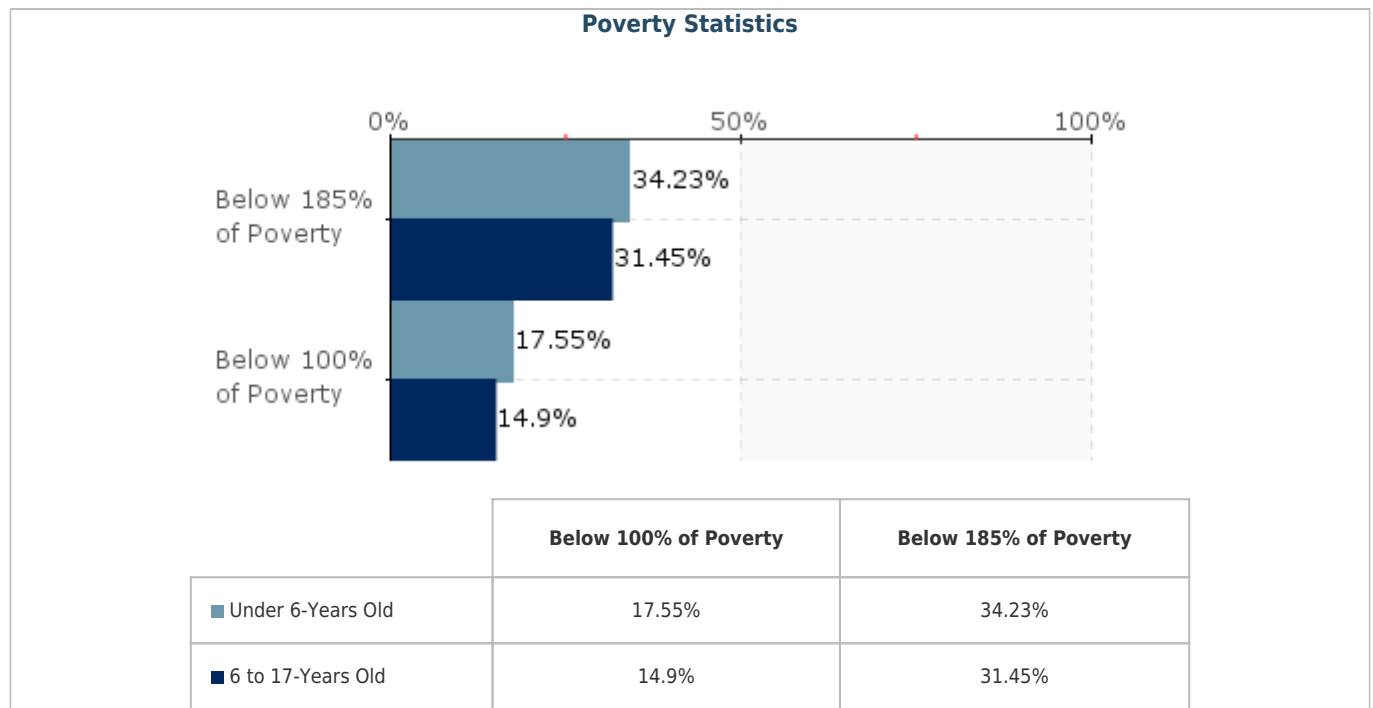
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP2&prodType=table



Source(s): U.S. Census Bureau. (2020). In American Community Survey 1-Year Estimates, 2019. B17024: Age By Ratio Of Income To Poverty Level In The Past 12 Months - Universe: Population for whom poverty status is determined.

<https://data.census.gov/cedsci/table?q=B17024&g=0100000US.04000.001&hidePreview=true&table=B17024&tid>

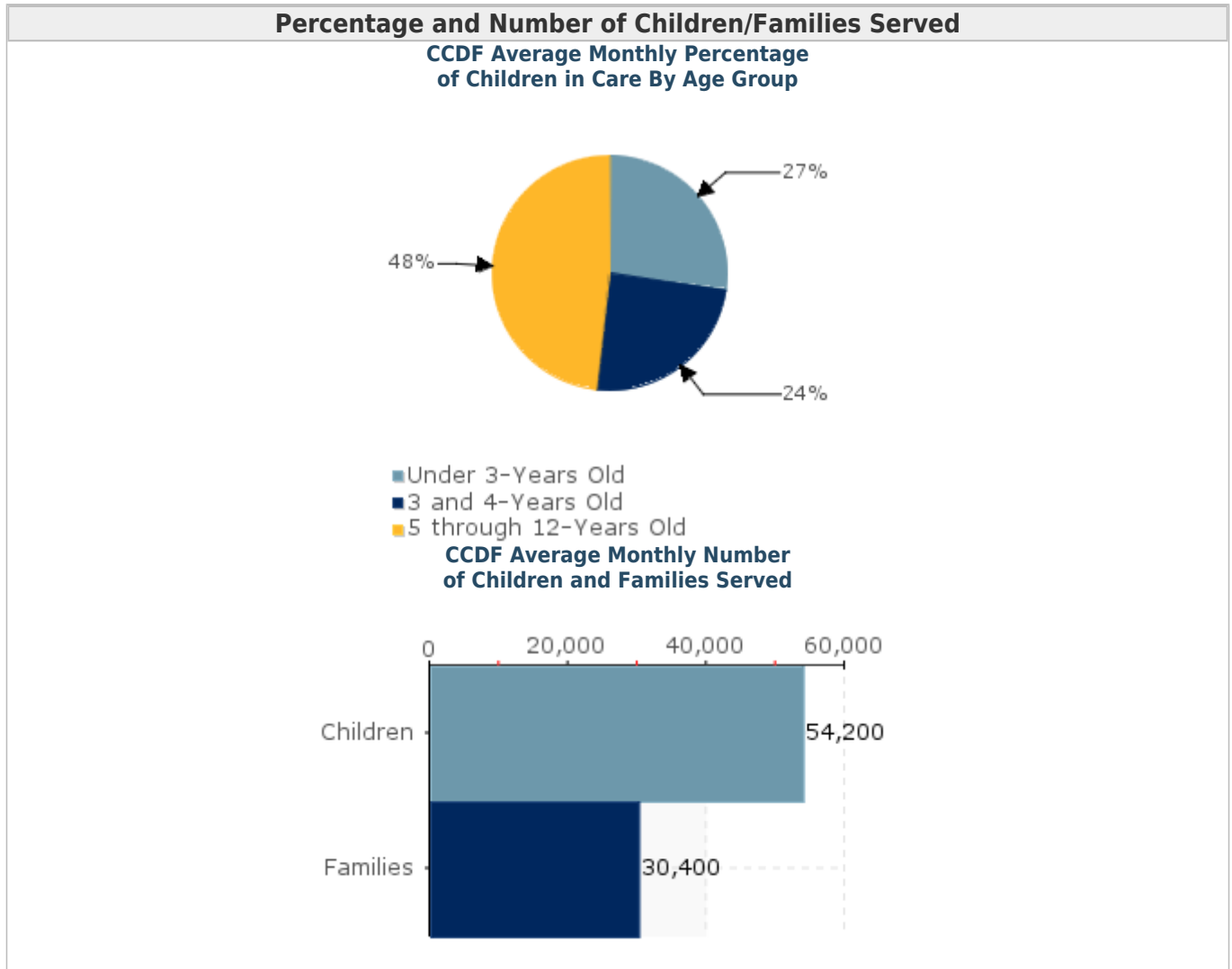
=ACSDT1Y2019.B17024&lastDisplayedRow=17&vintage=2019&mode=&y=2019



Source(s): U.S. Census Bureau. (2020). In American Community Survey 1-Year Estimates, 2019. C23008 Age of own Children under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents: Universe: Own children under 18 years in families and subfamilies.

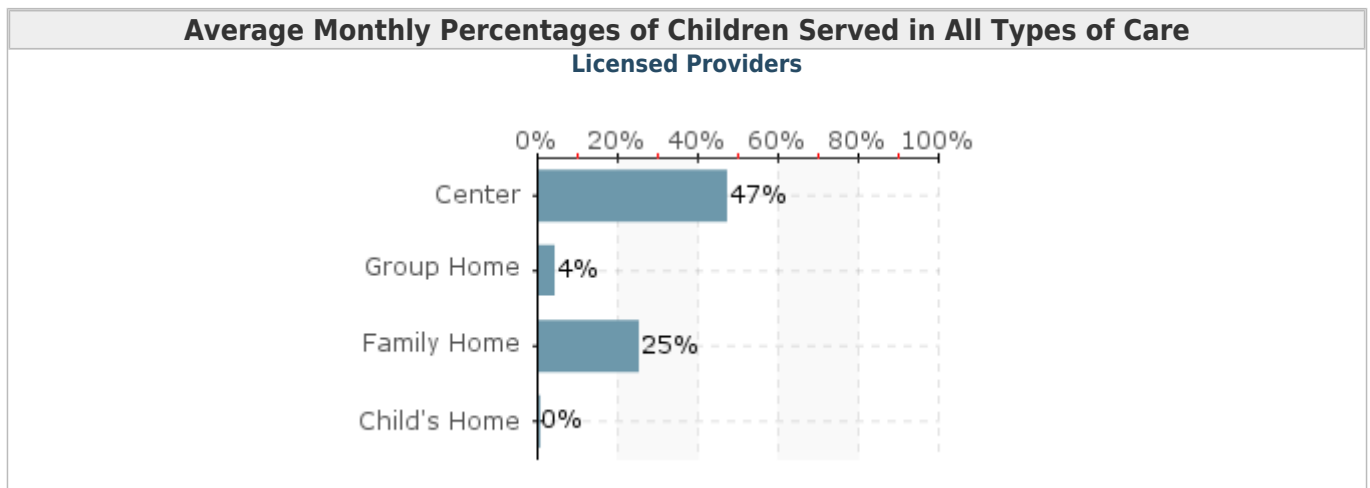
<https://data.census.gov/cedsci/table?q=C23008&g=&hidePreview=false&table=C23008&tid=ACSDT1Y2019.C23008&lastDisplayedRow=17&vintage=2019>

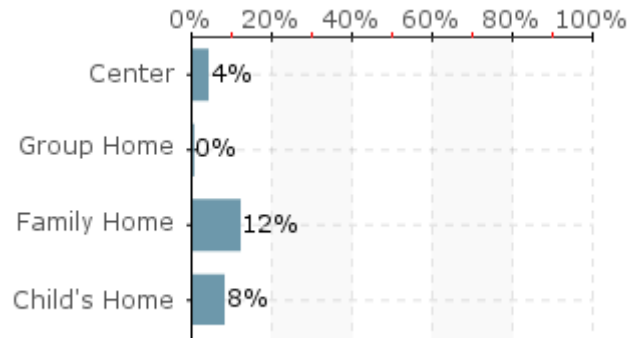
ECE PROGRAM PARTICIPATION AND FUNDING



Source(s): U.S. Department of Health and Human Services, Office of Child Care. (2020). FFY 2019 CCDF data tables [Preliminary estimates]. Table 9 Average Monthly Percentages of Children In Care By Age Group <https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-9>

1. U.S. Department of Health and Human Services, Office of Child Care. (2020). FFY 2019 CCDF data tables [Preliminary estimates]. Table 1 Average Monthly Adjusted Number of Families and Children Served. <https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-1>



Non-Licensed Providers

Note: Unregulated provider data includes relative and non-relative care.

Source(s): U.S. Department of Health and Human Services, Office of Child Care. (2020). FFY 2019 CCDF data tables [Preliminary estimates]. Table 6 Average Monthly
<https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-6>

Child Care and Development Fund (CCDF)

◦ Total CCDF Expenditure (Including Quality):	\$491,908,700
◦ CCDF Federal Expenditure:	\$369,279,232
◦ CCDF State/Territory Expenditure:	\$122,629,468

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2021). CCDF Expenditures for FY 2019 (all appropriation years). Table 4a: All expenditures by State-Categorical Summary. <https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-table-4a>

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2020). CCDF Expenditures for FY 2018 (all appropriation years). Table 3a - All Expenditures by State - Detailed Summary. <https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-table-3a>

CCDF Quality Expenditures

◦ Total Quality Expenditure:	\$40,035,034
◦ Quality Activities (Set Aside Funds):	\$40,035,034
◦ Infant and Toddler (Targeted Funds):	Not available
◦ Quality Expansion Funds (Targeted Funds):	Not available
◦ School-Age/Resource and Referral (Targeted Funds):	Not available

Temporary Assistance for Needy Families (TANF) for Child Care

◦ TANF - Total Child Care Expenditure:	\$113,084,549
◦ TANF - Direct Expenditure on Child Care:	\$113,084,549
◦ TANF - Transfer to CCDF:	Not available

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of
 ILLINOIS | November 2021

ChildCare Tax Credits

◦ Tax Credit Federal Total Amount Claimed:	\$3,310,212
◦ Tax Credit Federal Number of Claims:	1,563,000
◦ State/Territory Tax Credit Available - 2015:	No
◦ State/Territory Tax Credit Refundable:	No

Child and Adult Care Food Program (CACFP)

◦ CACFP Funding:	\$139,266,062
◦ Number of Family Child Care Homes Participating:	5,405
◦ Number of Child Care Centers (includes Head Start Programs) Participating:	2,438

Source(s): Food Research and Action Center. (2020). State of the States: Child and Adult Care Food Program (CACFP) in FY 2019. http://www.frac.org/maps/sos/tables/sos_tab_cacfp.html

Head Start

◦ Head Start Federal Allocation:	\$261,987,054
◦ Head Start State/Territory Allocation:	Not available
◦ Number of Children Participating:	26,175

Source(s): National Institute for Early Education Research. (2021). The 2020 state of preschool yearbook. <http://nieer.org/state-preschool-yearbooks/2020>

IDEA Part B, Section 619

◦ IDEA Part B Funding:	\$18,199,069
◦ Number of Children Served (Ages 3- through 5-Years-Old):	37,946

Source(s): U.S. Department of Education. (2021). Fiscal Years 2019-2021 State Tables for the U.S. Department of Education. <https://www2.ed.gov/about/overview/budget/statetables/index.html>

IDEA Part C

◦ IDEA Part C Funding:	\$17,337,869
◦ Number of Children Served (Ages Birth through 2-Years-Old):	17,621

Source(s): U.S. Department of Education. (2021). Fiscal Years 2019-2021 State Tables for the U.S. Department of Education. <https://www2.ed.gov/about/overview/budget/statetables/index.html>

Pre-kindergarten

◦ Pre-kindergarten Total Expenditure:	\$428,329,532
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◦ Enrollment (4-year-olds and under):	84,992
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Note: Total Expenditure includes all State/Territory, Local, and Federal dollars. In addition to 3 and 4-year-olds, some Pre-kindergarten programs enroll children of other ages.

Source(s): National Institute for Early Education Research. (2021). The 2020 state of preschool yearbook. <https://nieer.org/state-preschool-yearbooks/yearbook2020>

CCDF SUBSIDY PROGRAM ADMINISTRATION

Income Eligibility at Determination

(a)	(b)	(c)	(d)	
Family Size	100 % of SMI (\$/Month)	85% of SMI(\$/Month) [Multiply(a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide(c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
3	\$6,044.00	\$5,137.00	\$3,204.00	53%

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 3.1.3 Family Size of 3: Eligible Children and Families - Income Eligibility at Determination. ACF-118 Data Submission Center.

Approaches Used for Promoting Continuity of Care

◦ Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules	Yes
◦ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)	Not available
◦ Establishing minimum eligibility periods greater than 12 months	Not available
◦ Using cross-enrollment or referrals to other public benefits	Yes
◦ Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services	Yes
◦ Providing more intensive case management for families with children with multiple risk factors;	Not available
◦ Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities	Yes
◦ Other:	Described Below
Contracted child care provider may request an add-on to the State daily rate for increased cost of care for documented special needs children due to an increased cost of providing care.	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Reports 3.1.6 and 3.1.6-2: Eligible Children and Families - Approaches Used for Promoting Continuity of Care. ACF-118 Data Submission Center.

Increasing Access for Vulnerable Children and Families

Children with Special Needs	
◦ Prioritize for enrollment	Yes
◦ Serve without placing these populations on waiting lists	Not available
◦ Waive co-payments	Not available
◦ Pay higher rates for access to higher quality care	Not available
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Described Below
<p>Children with documented special needs can continue to receive assistance throughout the eligibility period in which they turn 19 years of age. In times that program intake is restricted due to budgetary or other issues, families with special needs children will be prioritized. The Lead Agency is working with the Early Learning Council Inclusion Subcommittee on a set of recommendations focused on ensuring that children with disabilities access high quality child care. The first recommendation to focus on relates to the improvement of the Lead Agency's data collection and reporting on the number of CCAP children 0-5 with disabilities. The ELC will recommend the development of the inclusion competencies across all credentialing levels, 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, and continue to develop and leverage opportunities to support child care providers and CCR&Rs to improve enrollment of children with disabilities and support high quality inclusive child care.</p>	
Families with Very Low Incomes	
◦ Prioritize for enrollment	Not available
◦ Serve without placing these populations on waiting lists	Yes
◦ Waive co-payments	Not available
◦ Pay higher rates for access to higher quality care	Not available
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Described Below
<p>In times that program intake is restricted due to budgetary or other issues, working families that meet the State's definition of "very low income" will be prioritized.</p>	
Children Experiencing Homelessness	
◦ Prioritize for enrollment	Not available
◦ Serve without placing these populations on waiting lists	Yes
◦ Waive co-payments	Not available
◦ Pay higher rates for access to higher quality care	Not available

◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Described Below
Families that meet definition of homelessness are given 90 days from the date of application to submit eligibility documentation.	
Families Receiving TANF*	
◦ Prioritize for enrollment	Not available
◦ Serve without placing these populations on waiting lists	Yes
◦ Waive co-payments	Not available
◦ Pay higher rates for access to higher quality care	Not available
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Described Below
Enhanced Referrals - TANF clients who are looking for a child care provider and referred to the CCR&R by their TANF caseworker will receive an enhanced referral and follow-up contact to ensure a provider was secured. In times that program intake is restricted due to budgetary or other issues, working families that are receiving TANF will be prioritized.	

* Includes families receiving TANF program funds, those transitioning off TANF through work activities, or those at risk of becoming dependent on TANF.

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Reports 3.2.2a, 3.2.2b, 3.2.2c, 3.2.2d, 3.2.2a-2, 3.2.2b-2, 3.2.2c-2, and 3.2.2d-2: Increasing Access for Vulnerable Children and Families. ACF-118 Data Submission Center.

Use of Grants or Contracts to Increase the Supply of Specific Types of Child Care

◦ Programs to serve children with disabilities	Yes
◦ Programs to serve infants and toddlers	Yes
◦ Programs to serve school-age children	Yes
◦ Programs to serve children needing non-traditional hour care	Yes
◦ Programs to serve children experiencing homelessness	Yes
◦ Programs to serve children in underserved areas	Yes
◦ Programs that serve children with diverse linguistic or cultural backgrounds	Yes
◦ Programs that serve specific geographic areas (urban)	Yes
◦ Programs that serve specific geographic areas (rural)	Yes
◦ Other:	Not available
Not available	

Use of Grants or Contracts to Increase the Quality of Specific Types of Child Care

◦ Programs to serve children with disabilities	Yes
◦ Programs to serve infants and toddlers	Yes
◦ Programs to serve school-age children	Yes
◦ Programs to serve children needing non-traditional hour care	Yes
◦ Programs to serve children experiencing homelessness	Yes
◦ Programs to serve children in underserved areas	Yes
◦ Programs that serve children with diverse linguistic or cultural backgrounds	Yes
◦ Programs that serve specific geographic areas (urban)	Yes
◦ Programs that serve specific geographic areas (rural)	Yes
◦ Other:	Not available
Not available	

Base payment rates and percentiles

Age	Center	Percentile of most recent MRS	Family Child Care	Percentile of most recent MRS
Infant	\$ 48.47/ day	30.5	\$ 35.30/ day	71.5
Toddler	\$ 48.47/ day	30.5	\$ 35.30/ day	71.5
Preschool	\$ 34.11/ day	28	\$ 29.92/ day	56.9
School Age	\$ 34.11/ day	72.9	\$ 29.92/ day	76.3
Effective date of payment rates: Centers: 07/01/18, Homes: 12/01/14				
Market rate survey (MRS) date: 4/25/2018				

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 4.3.1: Setting Payment Rates. ACF-118 Data Submission Center.

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 4.2.5a: Setting Payment Rates. ACF-118 Data Submission Center.

Tiered Reimbursement or Differential Rates

◦ Differential rate for non-traditional hours. Describe	Not available
◦ Differential rate for children with special needs, as defined by the state/territory.	Yes
◦ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on	Yes
◦ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.	Not available
◦ Differential rate for higher quality, as defined by the state/territory.	Yes
◦ Other differential rates or tiered rates.	Not available
◦ Tiered or differential rates are not implemented.	Not available

CCDF Co-Payments by Family Size

CCDF Co-Payments by Family Size

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest “Entry” Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest “Entry” Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
3	\$0 - \$693	\$2.00	0.3	\$3,204.00	\$326.00	10

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 3.4.1a Family Size of 3: Family Contribution to Payment - CCDF Co-Payments by Family Size. ACF-118 Data Submission Center.

Family Contribution to Payment

◦ No, the Lead Agency does not waive family contributions/co-payments.	Yes
◦ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the Federal poverty level for families of the same size.	Not available
◦ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation..	Not available
◦ Describe contributions/co-payments for families who are receiving or needing to receive protective services	Not available

<ul style="list-style-type: none"> ◦ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation 	Not available
<ul style="list-style-type: none"> ◦ Describe contributions/co-payments for other criteria (See table below) 	Not available
Not available	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 3.4.4: Family Contribution to Payment - Family Contribution to Payment. ACF-118 Data Submission Center.

HEALTH AND SAFETY

Child-Staff Ratios by Group Size by Age of Children for Licensed Child Care Centers

Age of Children	Child-Staff Ratio	Group Size
Infant (11 months)	4:1	12
Toddler (35 months)	8:1	16
Preschool (59months)	10:1	20
School-age (6 years)	20:1	30
School-age (10 years and older)	20:1	30
If any of the responses above are different for exempt child care centers, describe which requirements apply:	Described Below	
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. All license exempt programs have to comply with licensing standards relevant to ratios and group sizes, per State Fire Marshall Code under 41 Ill.Adm. Code 100.		

Source(s): National Center on Early Childhood Quality Assurance. (2021). 2020 Child Care Licensing Study: Analysis of child care licensing regulations. [Unpublished data].

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 5.2.1a-5_6_7: Standards on ratios, group sizes, and qualifications for CCDF providers.- exempt child care centers. ACF-118 Data Submission Center.

QUALITY IMPROVEMENT

Use of Quality Funds

	Yes/No	CCDF Funds	Other Funds	Other (describe)
Supporting the training and professional development of the child care workforce	Yes	Yes	Not available	Not available
Developing, maintaining, or implementing early learning and developmental guidelines	Yes	Yes	Not available	Not available
Developing, implementing, or enhancing a tiered quality rating and improvement system	Yes	Yes	Not available	Not available
Improving the supply and quality of child care services for infants and toddlers	Yes	Yes	Yes	Described Below
Establishing or expanding a statewide system of CCR&R services	Yes	Yes	Not available	Not available
Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards	Yes	Yes	Yes	Described Below
Evaluating and assessing the quality and effectiveness of child care services within the state/territorys	Yes	Yes	Not available	Not available
Supporting accreditation	Yes	Yes	Not available	Not available

	Yes/No	CCDF Funds	Other Funds	Other (describe)
Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development	Not available	Not available	Not available	Not available
Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible	Not available	Not available	Not available	Not available

Use of Quality Funds - Continued

	Other (describe)
Supporting the training and professional development of the child care workforce	Not available
Developing, maintaining, or implementing early learning and developmental guidelines	Not available
Developing, implementing, or enhancing a tiered quality rating and improvement system	Not available
Improving the supply and quality of child care services for infants and toddlers	GRF (a very small portion)
Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards	GRF
Evaluating and assessing the quality and effectiveness of child care services within the state/territorys	Not available
Supporting accreditation	Not available
Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development	Not available
Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible	Not available

Source(s):

- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Reports 7.2.1 and 7.2.1-1: Use of Quality Funds – Supporting the training and professional development of

the child care workforce. ACF-118 Data Submission Center.

- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-2: Use of Quality Funds - Developing, maintaining, or implementing early learning and developmental guidelines. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-3: Use of Quality Funds - Developing, implementing, or enhancing a tiered quality rating and improvement system. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-4: Use of Quality Funds - Improving the supply and quality of child care services for infants and toddlers. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-5: Use of Quality Funds - Establishing or expanding a statewide system of CCR&R services. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-6: Use of Quality Funds - Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-7: Use of Quality Funds - Evaluating and assessing the quality and effectiveness of child care services within the state/territory. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-8: Use of Quality Funds - Supporting accreditation. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-9: Use of Quality Funds - Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-10: Use of Quality Funds - Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. ACF-118 Data Submission Center.

Outreach to Families with Limited English Proficiency

Application in other languages (application document, brochures, provider notices)	Yes
Informational materials in non-English languages	Yes
Website in non-English languages	Yes
Lead Agency accepts applications at local community-based locations	Not available
Bilingual caseworkers or translators available	Yes
Bilingual outreach workers	Yes
Partnerships with community-based organizations	Yes
Other	Not available
Describe Other	Not available

Not available

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 2.1.1-1 and 2.1.1-2: Outreach to Families with Limited English Proficiency - Strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. ACF-118 Data Submission Center.

Outreach to Families with a Person(s) with Disabilities

Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities	Not available
Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)	Yes
Caseworkers with specialized training/experience in working with individuals with disabilities	Not available
Ensuring accessibility of environments and activities for all children	Yes
Partnerships with state and local programs and associations focused on disability-related topics and issues	Yes
Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers	Yes
Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies	Yes
Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children	Yes
Other	Not available
Describe Other	Not available
Not available	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 2.1.2-1 and 2.1.2-2: Outreach to Families with Limited English Proficiency - Strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. ACF-118 Data Submission Center.

Consumer Education Website

How the Lead Agency ensures that its website is consumer-friendly and easily accessible	IDHS is the agency responsible for maintaining the consumer education website. Sections dedicated to providers and to parents are clear and comprehensive including linkages to the required information, ensuring the information posted is always accurate and updated. The consumer education website is in plain language, not overloaded, (the information provided is in short, and simple sentences) with links that will take the audience directly where the information is located. The composition of the website has taken into consideration in a way that the consumer will find at first glance, as quickly as possible, information about child care, developmental screenings and other services available. The Lead Agency is committed to regularly review (and update if needed) its website in an effort to ensure it is consumer-friendly and integrated, where families can access complete information that also connects them to other early learning and family support services.
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<p>How the website ensures the widest possible access to services for families that speak languages other than English</p>	<p>The Lead Agency includes the Office of Hispanic/Latino Affairs whose job is to ensure the adequate delivery of services to meet the needs of the Department’s Limited English Proficient (LEP) customers. The Lead Agency’s website includes Spanish translations of its most relevant sections.</p> <p>The Lead Agency has contracted with Over-the-Phone interpreting service. Propio Language Services partner with a network of over 4,000 interpreters who collectively speak more than 200 languages. This service is available 24/7/365, with an average connect time of 35 seconds. Lead Agency staff is approved to use the Propio Language Services for on-demand language interpretation when necessary.</p>
<p>How the website ensures the widest possible access to services for persons with disabilities</p>	<p>The Consumer website provides information and linkage to services available for persons with disabilities. The Illinois Technology Accessibility Act (IITAA) requires Illinois agencies and universities to ensure that their websites, systems, and other information technologies are accessible to people with disabilities. While the Americans with Disabilities Act and Section 504 of the Rehabilitation Act require the State to address accessibility in general, the IITAA requires the State to establish and follow specific, functional accessibility standards to address accessibility proactively. As required by the Public Act 095-0307, The Illinois Department of Human Services worked with a broad range of experts and stakeholders to establish standards that are effective, practical, and aligned with existing federal and international standards.</p>

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 2.3.1, 2.3.1, and 2.3.3: Consumer Education Website. ACF-118 Data Submission Center.

FOOTNOTES

Source Footnotes:

- Demographics - Total Population 12 and Under
 - U.S. Census Bureau. (n.d.). In American Community Survey, 2010. QT-P2 Single Years of Age and Sex. Retrieved from American FactFinder:
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP2&prodType=table
- Demographics - Poverty Statistics
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