

**Chicago Department of Family & Support Services  
Site Administered Child Care Scope of Services/Deliverables**

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**Delegate Agency Name**

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**Global #**

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**Program Director Signature**

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**Date**

**Delegate Agencies funded through the DFSS Site Administered Child Care Assistance Program Grant that serve children ages 0-3yrs; 3yrs -5yrs; and 6yrs-12yrs in their center-based classrooms or family child care home settings will adhere to the following (unless superceded by more recent Illinois Department of Human Services policies):**

All contractors must have a community outreach plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the program(s) they administer for IDHS. Each contractor must have available for inspection, linkage agreements or memorandums of understanding with other community service agencies, IDHS Family and Community Resource Centers, and other outreach entities. IDHS must approve any publication and distribution of flyers, printed materials and brochures that are part of the IDHS funded program. All contractors must have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Food Stamps, AllKids medical and disability assistance, as well as other resources that address the needs of the population targeted for service.

All Child Care providers will review their contract exhibits for specific deliverables and requirements.

1. Provide child care services at daily/weekly times that are consistent with the parental/child needs.
2. Recruit eligible families and children to their child care service.
3. Determine and re-determine client eligibility as instructed in the IDHS Child Care Assistance Program (CCAP) Policy Manual. Full manual is available here: <https://www.dhs.state.il.us/page.aspx?item=9877>
4. Providers will submit a Child Care Application and supporting documentation to determine eligibility. If supporting documentation is missing, DFSS will issue a Request for Additional information as outlined in Policy Section 02.02.02 to the agency (to be conveyed to the applicant) for all missing information before making a determination of eligibility within 10 working days of receiving the application or redetermination. Supporting documentation includes, but is not limited to, the two most recent and consecutive pay stubs for all employed family members age 21 and older, verification of enrollment in a training/education program, and the client's TANF Responsibility and Service Plan. In addition, DFSS will use other electronic databases provided by IDHS to verify eligibility information from the child care application and/or redetermination including, but not limited to, family composition, earned and unearned income and employment or education/training schedules according to the processes listed in the IPACS Training Manual.
5. Charge the Department the standard daily rate based on the age of the child(ren) and the geographic area in which the provider is located. Site Administered Child Care Providers may only charge the Child Care Assistance Program (CCAP) families up to these maximum amounts.
5. The number of children served under the contract will be negotiated with each Site Administered Child Care Provider. Additionally, Site Administered Child Care Providers agree to:

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6. Enter all application and redetermination information into the Department of Family & Support Services CSD CARES electronic database system within 10 working days of receipt.
7. Provide either a Notice of Approval, Notice of Denial or Notice of Cancellation to the Child Care Applicant within 45 working days from the received date of the application, redetermination or change of information form.
8. Calculate and collect parent fees (co-payments) based on income, family size, age of children in care, and the child care schedule per the Child Care Assistance Program Policy Section 04.02.01.
9. Develop a written agreement regarding parent fees that includes the applicant's name, household number, amount and frequency of payments(s) and the consequences for failure to pay. This agreement is to be discussed with the parent(s) and signed by both the provider and the parent(s). A copy will be given to the parent(s) and a copy will be retained in the case file.
10. Collect a minimum of 75% of parent fees (co-payments) during each year.
11. Submit accurate monthly billing form(s), Monthly Enrollment Reports (MERs), to the Department of Family & Support Services Finance Division, within 15 calendar days of the end of the month of service.
12. Maintain appropriate fiscal records for review by IDHS or its designee.
13. Provide services that are developmentally appropriate, culturally sensitive, linguistically appropriate and consistent with individual child needs.
14. Seek parents' involvement in decisions affecting their children's care.
15. Involve a Board of Directors and/or Advisory Council Committee in the operations of the program. If there are no parents on the Board of Directors, include them in an Advisory Committee or provide another mechanism for parental input to the agency's decision making process.
16. Maintain licensed status with the Department of Children and Family Services (DCFS), meeting license standards during the entire contract period (licensed facilities). The Department of Family & Support Services must be informed of any changes to the Site's licensing. Current license information must be maintained in the CSD CARES system as well.
17. Ensure that agencies operating networks of licensed family child care homes must assure that the chief program administrator and program coordinator are persons who meet the requirements for supervising a child care center under the Child Care Act of 1969 225 ILCS 10/1 et seq.
18. Cooperate with and coordinate information with caseworkers at the IDHS Family and Community Resource Center (FCRC, formerly known as Local Office), including but not limited to, posting the name and phone number of an IDHS contact person and notifying the FCRC whenever there are contracted slots available.
19. List their agency on the referral database of the appropriate child care resource and referral agency serving their area.
20. Make available to parents a list of the appropriate Child Care Resource and Referral (CCR&R) agencies serving the area.
21. Refer parents to community agencies, as needed. These would include, but are not limited to, mental health agencies, health and medical agencies, social service agencies, local school districts and early intervention agencies, e.g. Child and Family Connections (CFCs).

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22. Have access to, and actively use, current technological capabilities, such as computer, internet access, long distance phone services, and fax and copying capabilities.
23. Sign-in and Sign-out sheets are required in order to document the use of care. Site Providers must ensure that parents or authorized guardians have easy daily access to Sign-in and Sign-out sheets. Provider participation in the Child Care Assistance Program may be terminated if the provider interferes with a parent or guardian's ability to complete the Sign-in and Sign-out Sheet. This includes, but is not limited to, entering the times for the parent or guardian, signing the parent or guardian's name, or directing the parent or guardian to write in times other than what has actually occurred. Providers cannot sign the parent or guardian's initials or full signature on Sign-in and Sign-out sheets. The Site Provider must also maintain accurate written Attendance records. The information shall be documented in ink, as well as, in the CSD CARES electronic database system for 100% of the days of operation. These records may be reviewed during a monitoring visit and must be retained of a period of five years.
24. Maintain case records for each eligible family receiving Child Care Assistance for a period of five (5) years. These records may be reviewed in a monitoring visit. Designate staff that are responsible for the Department of Family & Support Services Child Care Assistance Program contract and ensure that staff is appropriately trained.
25. Assure job descriptions on file include the roles and responsibilities for administering the Child Care Assistance Program (CCAP).
26. Assure that designated staff attend all scheduled IDHS training regarding the Site Administered Child Care Program.
27. Delegate Agencies that have contracts totaling \$500,000 or more shall submit an Independent Audit to the Department of Family and Support Services, Children Services Division, for the previous fiscal year no later than 120 days after the end of the fiscal year. This audit shall be performed by a CPA external to the agency.
28. Distribute personnel policies upon employment and within 30 days of approved revisions.
29. In addition, all Site Administered contractors operating child care centers will:
  - a. Have procedures in place to contact a parent when a child is absent without notice for more than two (2) consecutive days and to make any needed adjustments to the families CCAP case based on changes in schedules and/or activities.
  - b. Assure that each on-site manager is familiar with publicly funded professional development opportunities available to staff, e.g., CCR&R training, StarNet, Gateways, et. al.
  - c. Maintain status as a qualified CCAP Provider by ensuring that all teaching staff and directors who have primary responsibility for the daily operations of the center comply with CCAP Provider Health and Safety Standards Requirements; including, Health, Safety and Child Development trainings as required by the Illinois Department of Human Services Child Care Assistance Program.
  - d. Have health policies and procedures reviewed by a qualified health professional, e.g., CCR&R nurse consultant.
  - e. Have a health professional visit the center monthly if the center serves infants and toddlers.
  - f. Encourage family involvement in children's programs using a variety of alternatives of alternatives during all hours of operation by phone, email, or in person.
  - g. Assure that automated phone systems contain the option of being connected to a live person.

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- h. Demonstrate that they have a QRIS rating above licensing (a copy of the current QRIS Award certificate must be submitted to IDHS) OR must submit an action plan detailing steps that will be implemented and result in application to the QRIS.

### **A. Eligibility**

The Site Provider shall submit 100% of all Child Care applications and Redetermination forms, along with the appropriate supporting documentation to the Department of Family and Support Services, Child Care Assistance Program within 10 calendar days of receipt.

The Site Provider shall respond to all Requests for Additional Information (RAIs) within 10 working days. Applications will be denied if the Provider does not respond to the Request for Additional Information within 10 working days.

The Provider shall notify the Child Care Applicant in writing regarding any request for additional information and obtain all missing information and documentation prior to the determination of eligibility within 10 working days of receiving notification from the Department of Family and Support Services (DFSS).

- The Department of Family and Support Services, Child Care Assistance Program shall use all necessary computerized systems as outlined by the Bureau of Subsidy Management (BSM) to assist with the determination of client eligibility.
- All Site Administered Child Care Providers must provide a Notice of Approval, Notice of Denial or Notice of Cancellation to the Child Care Applicant within 30 working days from the received date of the application, redetermination or change of information form.
- Providers will submit accurate monthly billing form(s) (Monthly Enrollment Report) to the Department of Family and Support Services, Finance Division, within 15 calendar days of the end of the month of service.
- Providers will assist clients as they complete an initial Child Care Application for the Child Care Assistance Program (CCAP). The application must be completed according to the directions which accompany the IL444-3455 form, and/or given in the Bureau of Subsidy Management (BSM) CCAP Policy Manual. Ensure all documentation to support income and service eligibility is obtained.
- The Illinois Department of Human Services stipulates that families must choose to either have all of their children enrolled in a Site Administered (DFSS) Program (DFSS) **OR** enrolled in a CCR&R Program (IL Action for Children). Families may not receive funding from both entities.
- Providers must date stamp a client's application, according to Policy 02.01.01 of the Bureau of Subsidy Management (BSM) CCAP Policy Manual, using the date the application was received/completed. All additional documentation, whether submitted with the application/redetermination, in response to a Request for Additional Information or in any other way obtained by Site staff must also be date stamped to reflect the date the form/documentation was received.
- Providers must follow the instructions given in the IDHS Child Care CCAP Policy Manual to determine eligibility and assess the co-payment.
- A Notification for Redetermination is generated by the CSD CARES system 6 weeks prior to the end of the applicant's current eligibility period. A second notification is sent 30 days prior to the end of the applicant's current eligibility period. A redetermination application will still be accepted up to 30 days after the previous eligibility period has ended. After 30 days, the application submitted will be considered New. The delegate agency is required to ensure the applicant completes the Re-determination application within the guidelines in the IDHS Policy 02.03.01 of the CCAP Policy Manual.

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- Providers will assist clients in the completion of a Change of Information form, if information regarding an approved client changes at any time during an eligibility period and ensure all appropriate documentation is provided. Sites are to use the submitted information to determine if the family is still eligible and/or if the parent co-payment should be adjusted. The Site Provider must submit the Change of Information form to the Department of Family and Support Services, CCAP Unit, within 30 days from the date of receipt.
- Providers will issue a Notice of Denial to the Child Care Applicant within 10 working days, as instructed in Policy 02.02.03 of the Bureau of Subsidy Management (BSM) CCAP Policy Manual, if at the time of application, a client is determined to be ineligible for the Child Care Assistance Program (CCAP) services.
- **Children Experiencing Homelessness:**
  - The Illinois Child Care Assistance Program uses the McKinney-Vento Act definition of families experiencing homelessness. (Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a). According to this act, the term homeless means an individual who lacks a fixed, regular and adequate nighttime residence; and includes individuals who;
    - Share the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or awaiting foster care placement;
    - Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings;
    - Live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; andAre migratory and live in any of the circumstances as described above.
  - The list of examples included in the definition is not exclusive; rather, it is meant to address some of the more common situations of homelessness in determining the extent to which the family fits the definition.
  - DFSS will provide Child Care Assistance to eligible families who indicate they are experiencing homelessness on an Application or Redetermination. Families that indicate and provide documentation that they are experiencing homelessness will be allowed two 90-day eligibility periods. A (CTLAQ) Form must be completed by the applicant and submitted to DFSS to verify that the family is experiencing homelessness.
  - Families that have countable income up to 200% of the Federal Poverty Level (FPL) at the time of redetermination are eligible for a 12-month eligibility period if all other criteria are met. Families that have countable income between 200% of FPL and below 85% of the State Median Income (SMI), and meet all other CCAP eligibility policies, are eligible for a **3-month graduated phase-out eligibility period**. Families that have countable income above 85% of SMI are no longer eligible and must be canceled with a 10-day notice, even if it is prior to the end of the current eligibility period.

### **Payments**

- Providers will review all Monthly Enrollment Reports (MERs) forms for accuracy and completeness.
- Providers will enter attendance information for all children in CSD CARES.

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- The Department of Family and Support Services shall provide payments for licensed child care centers based on eligible days if the total of days attended for all IDHS funded children at the center location equals 70% of the eligible days.
- The Department of Family and Support Services shall provide payments for licensed child family care home providers based on eligible days if the total of days attended for all children in the family equals 70% of the family's eligible days.

### **Attendance-Day Care Center/Family Child Care Homes**

- The attendance percentage for a day care center is calculated on the total of all subsidized families approved for the location. A day care center with multiple locations (sites) must calculate the 70% attendance percentage for each location separately and submit the results separately. Location refers to the physical location. If a single physical location has multiple address indicators (i.e. one for child care programs and one for a collaboration program), the calculations for those address indicators will be added together to arrive at the center's total attendance percentage.
  - *Example: ABC Child Care Center's primary address indicator is "1". ABC also has a collaboration program. Children in the collaboration program are on indicator "C1". The attendance percentage for ABC Child Care Center will be based on the combination of address indicators "1" and "C1" since they are in the same physical location.*
- Under no circumstances shall a child be lined off of the Certificate or MER because of low attendance to manipulate the result of the 70% attendance rule.
- In order for the rate type (full time, part time, or school age) to be included in the 70% calculation, a child must attend at least 1 day in the rate type in order for the eligible days to be paid.
  - *Example: Child is approved for 2 FT days and 20 PT days. The child only attends 18 PT days. The 70% calculation is based on 18 attended days divided by 20 PT eligible days. The center will not receive payment for the 2 FT eligible days because the child did not attend any days for that payment rate.*

### **Attendance Exemption Process**

Child Care Providers must complete the IDHS Attendance Exemption Request and DFSS Child Care Exemption forms and submit them to the Department of Family and Support Services when an extraordinary event is responsible for substantially less than normal attendance defined as follows:

- a natural disaster, such as a tornado or flood,
- a mechanical breakdown, such as a boiler breakdown, electrical outage, frozen water pipes, etc., which is of long enough duration to inhibit services,
- a snowfall such that schools, offices, and/or industries are closed for the day,
- an epidemic such that 50% of the children are absent on the same day or days during the month. This includes common illnesses such as chicken pox, flu, common cold, head lice, etc. If a case of communicable disease occurs in a child care facility, this fact shall not be considered a reason for this facility to close, except in the case of an emergency. And,
- other extraordinary circumstances which will be individually examined by DFSS staff.

If the classroom is closed or has very low attendance, agencies must identify the day(s) for which they are requesting the exemption and indicate those days as a Non-Class day in CSD CARES, so that the children will not be counted as present or absent.

Attendance for those Non-Exemption days will then be calculated in the billing as the average for all of the day(s)/month(s) in question.

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An agency must submit an exemption form to DFSS within 5 business days of the event for which an attendance exemption is being requested.

Billing for regular attendance days will be processed as previously stated under the Payment section in this scope.

### **Calculation Procedures**

- Add the number of days attended for all IDHS subsidized children for a location
- Add the number of days eligible for all IDHS subsidized children for a location
- Divide the total number of days attended by the total number of days eligible.
- If the result is 69.5% or above, the Department of Family and Support Services shall pay eligible days for all children even if the individual family's attendance is below 69.5%.
- If the result is 69.499% or below, pay on a family-by-family basis. Payments for each family whose attendance percentage is 69.5% or above will be based on eligible days, and payments for each family whose attendance percentage is below 69.5% will be based on attended days.

### **Revisions**

- Providers will ensure that any cases not accounted for, for whom care was provided during the month, will submit all necessary documentation to the Department of Family and Support Services, CCAP and Finance Divisions.
- If a provider receives a MER for both Site and Collaboration, the attendance percentage at the bottom of the MER should include days for both MERs.
- Providers will submit the completed MER to the Department of Family and Support Services, Finance Division on, or before, the 15th of the month following the month of service.
- Providers will receive and review the paid MER.
- Providers will submit a request to the Department of Family and Support Services, CCAP and Finance Divisions if believed to have been paid in error, e.g. incorrect daily rate, attended vs. eligible days, etc.
- Providers will adjust/correct and resubmit any problem cases, as noted by the coding on the paid MER, and wait to receive the corrected approval form from the Department of Family and Support Services, Finance Division.
- Some cases may be ineligible for supplemental payment for a particular service period due to the time frames imposed under eligibility determination. Cases that fall into this type of situation should not be re-billed

### **B. Collaboration**

The Department of Family and Support Services shall authorize the full day payment rate to a single provider if a child is approved for a full day of care and attends a part-day Head Start program during that day. The parent's employment or education/training activity must also warrant a full day of care, which requires them to be involved in an approved activity a minimum of 5 days a week/5 hours per day. **\*\*Please note that may include the applicant's travel time to work from the center and back.\*\***

### **C. Appeals**

- The Provider shall explain to the person appealing the case how a decision was reached regarding the application in question.
- The Provider may contact the Department of Family and Support Services, CCAP Supervisor, regarding a case in question within 10 working days that the case was acted

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upon (i.e. Request for Additional Information, Notice of Denial, and Notice of Cancellation etc). The CCAP Supervisor will review the child care application and all other supporting documentation and will respond to the Provider within 10 working days.

### **Child Care Applicants**

- A. All applicants for or recipients of child care assistance have the right to appeal unfavorable decisions made about their child care case by CCR&R staff or Site Administered providers. Issues that can be appealed include, but are not limited to, the denial or cancellation of benefits, the copayment amount, the payment amount or non-payment of a child care subsidy, or any other unfavorable decision.
- B. Appeals must be filed within 60 days. The 60-day period begins the day after the unfavorable notice is signed and mailed. If the sixtieth day falls on a non-workday, the parent has until the end of the next workday to request a hearing. Failure to notify the CCR&R, Site Administered Child Care Provider, or the Department before the end of the sixtieth day constitutes a waiver of the individual's right to a hearing.
- C. The client may file an appeal by:
  1. calling the Department's toll-free number (800) 435-0774) or
  2. sending a written appeal either by fax, mail, or in person to
    - a. IDHS local office serving the client,
    - b. IDHS Bureau of Assistance Hearings (BAH),
      - i. Telephone: (800) 435-0774
      - ii. Fax: (312) 793-3387
      - iii. Email: DHS.BAH@illinois.gov
      - iv. Mail: Bureau of Hearings  
69 W Washington, 4th Floor  
Chicago, IL 60602
    - c. CCR&R serving the client, or
    - d. IDHS Bureau of Subsidy Management (BSM) for cases managed by a Site Administered Child Care Provider.
- D. If a **client** wishes to file an appeal, the CCAP Supervisor must explain how the decision (eligibility determination) was made, explain the appeal process, and send the client an Appeal Request Form (IL444-0103 - Notice of Appeal (Cash Assistance, Medical Assistance, SNAP, Child Care) (pdf)) for additional instructions for filing the appeal.

### **Providers**

- Providers can only appeal decisions made about child care payments that cannot be honored according to IDHS policy. An example of this would be if the child care case was denied and the provider wanted to be paid for the care already provided.
- Providers must file appeals on decisions about child care payments with the Illinois Court of Claims.
- If the decision is not about a payment issue, the client must initiate the appeal process.

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- A Provider who wishes to file an appeal:
  - Can only appeal decisions made about actual payments,
  - Shall complete an Illinois Court of Claims **Lapsed Appropriation Form (CC88)**.

### **D. Case File Information**

Providers must maintain case files for each family. Each case file **must** include the following:

- The original Child Care Application.
- The original of any and all subsequent Redetermination Forms.
- Copies of all required documentation:
- 2 most **current and consecutive paystubs** per eligibility period;
- Income verification letters/forms for new jobs or cash employment; Income tax returns, income tax quarterly filing, statement from employers, and a monthly statement of earnings for self-employment; and/or Self-Employment Record (SER).
- Client grades, class schedules or letters confirming enrollment, if applicable; these documents must contain the client's name as part of the official document.
- A copy of the Responsibility and Service Plan, etc., if applicable;
- Letters from a certified professional (treating physician) supporting medical conditions, if applicable;
- Parent's Copayment Calculation Worksheet
- Case notes - The site will complete a narrative of case action as well as notations made on all conversations, relevant to eligibility, between each parent/legal guardian and the site provider or the site provider and BSM, FCRC and/or the CCR&R.
- Copies of all Approval, Denial and Cancellation letters as well as Requests for Additional Information forms for each case.
- Copies of any correspondence on each case from a parent/legal guardian, IDHS, etc.
- Certification of Temporary Living Arrangement Questionnaire (CTLAQ) for homeless families, if applicable.

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CSD Program Manager Signature

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Date