

## Guidelines & Applications Child Care Program Quality Improvement

**SAL Child Care Connection**  
**3425 N. Dries Lane, Peoria, IL 61604**  
**309-686-3750 or 800-421-4371**



July 1, 2017 – June 30, 2018



Illinois is committed to assisting child care providers in providing quality education and care for young children (birth through 12 years). One way to do that is with the Quality Improvement (QI) Funds. The QI Funds have been developed and are offered through the child care resource and referral agencies to assist and support programs that are choosing to work towards / maintain an ExceleRate™ IL Circle of Quality. There are three areas to the QI Funds: ExceleRate™ IL cohort, ExceleRate™ IL training stipend and accreditation assistance. Please read the overview and the guidelines to determine which area(s) best meets your needs. Requests may be made in multiple areas.

The QI Funds are based on available funding. The QI Funds program is administered by SAL Child Care Connection. Funds are provided by the Illinois Department of Human Services.

Specifics on each component are noted in this Quality Improvement Funds Grant Pack.

- Section A Quality Improvement Funds Overview Chart
- Section B General Information + Quality Improvement Funds Application (required for all who apply)
- Section C ExceleRate™ IL Cohort Specific Information + ExceleRate™ IL Cohort Application
- Section D ExceleRate™ IL Training Stipend Specific Information + ExceleRate™ IL Training Stipend Application
- Section E Accreditation Specific Information + Accreditation Application

***Please read the entire document before completing any application.***

## Section A: Overview

<b>Basic Eligibility for all Quality Improvement Funds</b>	1. Program must be listed on the local Child Care Resource & Referral (CCR&R) provider database 2. Must currently be providing child care services in one of the following Illinois counties: Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell, or Woodford. 3. Programs must currently be caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP) 4. Have no unpaid financial obligation to CCR&R agency or IDHS Bureau of Child Care & Development		
<b>Priority Programs</b>	1. Programs currently caring for children whose care is paid for by the IDHS CCAP, with greater priority given to those with 50% or more of their enrollment consisting of IDHS CCAP funded children 2. Programs that are full year (at least 47 weeks)/full day (at least 8 hours) 3. Programs that are currently caring for infants and toddlers 4. For <b>ExceleRate IL Cohort – first time applicant programs are a priority for cohort participation</b>		
<b>Abbreviations:</b> •FCC = family child care      •LFCC = Licensed family child care      •FGH= family group home      •CC = child care			
<b>Component</b>	<b>ExceleRate™ IL Cohort</b>	<b>ExceleRate™ IL Training Stipend</b>	<b>Accreditation Assistance</b>
<b>Provider Type</b>	CC Centers & LFCC	Licensed CC Centers & LFCC	CC Centers & LFCC
<b>Circle of Quality</b>	ExceleRate™ Illinois Silver, Gold	ExceleRate™ Illinois Bronze, Silver, Gold	ExceleRate™ Illinois Silver, Gold
<b>Specific Requirements and Expectations</b>  <i>For the definition of “working towards/ maintaining” see B8</i>	1. <b>Centers</b> must be working towards/maintaining in ExceleRate™ IL under the child care path <b>LFCC/FGH</b> must be working towards/ maintaining ExceleRate™ IL under the LFCC path 2. Attend and participate in the cohort meetings 3. Complete a Self -Assessment Tool/Process 4. Work with a CCR&R Quality/Infant Toddler CC Specialist 5. Develop a Continuous Quality Improvement Plan (CQIP)	1. <b>Centers</b> must be working towards/maintaining ExceleRate™ IL under the child care path <b>LFCC/FGH</b> must be working towards/ maintaining ExceleRate™ IL under the LFCC path 2. Training must be required for an ExceleRate™ IL Circle of Quality and must be ExceleRate™ approved 3. Staff member must be a current member of the Gateways Registry 4. A stipend is only available for the minimum staff required to take the training for ExceleRate™ IL 5. Training participants must be currently employed at the child care program	<b>Programs</b> must be applying for or maintaining an ExceleRate™ IL Circle of Quality
<b>Funding</b>	Funding is determined based on the Continuous Quality Improvement Plan (CQIP) and provider type; in addition for child care centers program capacity.	\$10 / contact training hour	80% of the cost of accreditation, as funding allows
<b>Funding Range</b> for the Fiscal Year (July - June). <i>The allowable funding applies for any combination of QI Funds.</i>			
Provider Type		Capacity	Funding Range
Licensed Family Child Care			Up to \$1200
Licensed Family Group Home			Up to \$1500
Child Care Center		50 or less	Up to \$3000
		51-100	Up to \$6000
		101 or more	Up to \$9000

## Section B: Frequently Asked Questions

The use of the term “child care program” / “program” in this document includes child care centers and family child care

### B1. WHO CAN APPLY?

- Please refer to the chart in Section A: Overview “*Basic Eligibility and Provider Type*”

### B2. ARE THERE ANY PRIORITY PROGRAMS?

- Yes, refer to the chart in Section A: Overview “*Priority Programs*”

### B3. WHAT ARE THE THREE AREAS OF THE QUALITY IMPROVEMENT FUNDS?

- ExceleRate™ IL Cohort – see Section C for details
- ExceleRate™ IL Training Stipend – see Section D for details
- Accreditation Assistance – see Section E for details

### B4. CAN A PROGRAM APPLY FOR MORE THAN ONE AREA?

- Yes

### B5. CAN A PROGRAM BE WORKING ON MORE THAN ONE CIRCLE OF QUALITY?

- Not for the purposes of the Quality Improvement Funds. A program must declare one Circle of Quality.

### B6. WHAT IS THE APPLICATION PROCESS?

- Child Care programs complete and submit the application, the appropriate supplemental application and all required supporting documentation - Refer to a specific section for required supporting documentation
- As applications are received, a team of CCR&R staff will review for completeness and eligibility. Programs will be notified in writing of their approval/denial.
- Incomplete applications will be returned to the child care program

### B7. CAN AN AGENCY SUBMIT ONE APPLICATION FOR ALL SITES IF THEY HAVE MORE THAN ONE SITE?

- No. Each site (physical location) is considered a different program. Each program must submit an application with requests specific to that program. One license = one site = one program = one application

### B8. WHAT IS MEANT BY “WORKING TOWARDS OR MAINTAINING” EXCELERATE™ ILLINOIS

- A program must have at a minimum completed the *Orientation to ExceleRate™ IL* or currently hold an ExceleRate™ IL Circle of Quality (Bronze, Silver, Gold)

### B9. WHAT IS THE DEADLINE FOR SUBMITTING AN APPLICATION/SUPPORTING DOCUMENTATION?

- See each section for application submission deadlines (C12, D15, E4)
- All supporting documentation must be received at **SAL Child Care Connection** by **May 1, 2018**.

### B10. WHAT SUPPLEMENTAL APPLICATION(S) DO I COMPLETE?

- That depends - ALL applicants must complete the QI Funds application (pages 5-7). In addition, they must complete one or more of the corresponding Supplemental Applications (found in this pack). C = ExceleRate™ IL Cohort; D = ExceleRate™ IL Training Stipend; E = Accreditation Assistance
- If Supplemental applications are submitted at different times, a QI Funds application must be completed each time

### B11. WHAT ARE THE GRANT FUNDING AMOUNTS?

- Please refer to the Overview Chart in Section A
- Please note the allowable funding range is for **any combination of Quality Improvement Funds components**

### B12. HOW IS PAYMENT MADE?

- Please see the specific section for payment information

**B13. DO THE FUNDS NEED TO BE REPAID?**

- This is a grant program, which means funds do not generally need to be paid back. However, the grant funds come from the State of Illinois, and certain policies and procedures must be followed.
- If a program goes out of business within two years of the grant award, funds received under the cohort component will need to be repaid at a pro-rated amount. In some cases **SAL Child Care Connection** may be able to recoup materials and equipment purchased with grant funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with **SAL Child Care Connection** regarding return of funds
- In the event that payment is made for an accreditation process and the program withdraws or does not complete the process, the child care program will need to work with **SAL Child Care Connection** regarding the return of funds.

**B14. DO GRANT FUNDS NEED TO BE REPORTED AS INCOME?**

- Grant funds may need to be reported as income. If awarded grant funds, a completed W-9 will be required. Items purchased with grant money may be eligible to claim as business deductions. Please consult an accountant or tax preparer for further information.

**B15. WHERE ARE APPLICATIONS SUBMITTED?**

- **SAL Child Care Connection**  
**ATTN: Kami McClure**  
**3425 N. Dries Lane / Peoria/ IL / 61604**

**B16. WHAT ELSE DO I NEED TO KNOW?**

- Only completed applications will be considered
- Applicants must use the provided application for July 2017– June 2018
- Faxed/electronic applications will be accepted
- Funding is limited and not guaranteed
- Partial funding may be awarded
- Payment cannot be made until a complete application and all required documents are received

**B17. IS THERE AN INFORMATION SESSION FOR THE QUALITY IMPROVEMENT FUNDS?**

- No, there is not an information session for the QI Funds

**B18. FOR MORE INFORMATION OR TO ASK FURTHER QUESTIONS, PLEASE CONTACT:**

- **Kami McClure / 309-686-3750 x2111 / [kmccclure@salccc.org](mailto:kmccclure@salccc.org)**

***The QI Funds application form (pages 5 -7) must be completed by anyone applying. In addition, a supplemental application(s) must be attached. Supplemental applications follow each section.***

**Quality Improvement Funds Application Form**

All applicants are required to complete this application **and one or more** supplemental application(s).

**SAL Child Care Connection****3425 N. Dries Lane****Peoria/IL/61604**

July 1, 2017 – June 30, 2018



A program of SAL Family and Community Services



- ➔ The current year application form must be used. This application may not be reformatted.
- ➔ Please type or print using black or blue ink
- ➔ Complete **all fields**; use "NA" if not applicable – **do not leave any field blank**. ***Incomplete applications will be returned.***
- ➔ Please refer to the Quality Improvement Guidelines & Applications

**STEP1: Child Care Program Information**

1A	Program Name					
	Program (work site) Address:					
	City:		State:		Zip Code:	
	County:					
	Mailing address (if different):					
	Phone #: (    )			Fax #: (    )		
	Director/Administrator Name:			Email:		
	Is the program listed on the CCR&R referral database? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the program full year (at least 47 weeks)/full day (at least 8 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
1B	Type of Program: program must check a program type, license status, enter program capacity & if applicable, accreditation entity					
	<input type="checkbox"/> Center		<input type="checkbox"/> Family Child Care		<input type="checkbox"/> Group FCC	
	<input type="checkbox"/> Head Start		<input type="checkbox"/> School Age Program			
	<input type="checkbox"/> Licensed		DCFS License #: _____ Expiration date: _____		<input type="checkbox"/> License Exempt Center	
Program Capacity: _____						
If applicable, program is accredited by: <input type="checkbox"/> NAEYC <input type="checkbox"/> NAC <input type="checkbox"/> NAFCC <input type="checkbox"/> NECPA <input type="checkbox"/> Advance-Ed <input type="checkbox"/> AMS <input type="checkbox"/> COA						
1C	Age Groups: Currently providing care for: (Check all that apply)					
	<input type="checkbox"/> Infants 6 wks – 14 months		<input type="checkbox"/> Toddlers 15-23 months		<input type="checkbox"/> Twos 24-35 months	
	<input type="checkbox"/> Preschool 3-5 years		<input type="checkbox"/> School Age K-12 years			
	Capacity					
Current Enrollment						
<b>CC Centers:</b> enter the # of classrooms for age group:		____ classrooms		____ classrooms		
		____ classrooms		____ classrooms		
1D	<b>Indicate date attended/completed (mm/dd/yyyy):</b>					
	<b>CC CENTERS</b> ExceleRate™ IL Orientation _____ *An Introduction to Environment Rating Scales _____			<b>LICENSED FAMILY CHILD CARE</b> ExceleRate™ IL Orientation for LFCC: _____ * An Introduction to ERS OR Family Child Care Environment Rating Scale _____		
	*does not apply to programs that are currently accredited or working towards accreditation					

**Quality Improvement Funds Application Form**

1E	ExceleRate™ IL circle program is <b>currently at</b> : <input type="checkbox"/> Licensing <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> NA	ExceleRate™ IL circle program is <b>working towards</b> : <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold
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1F	<p>Does your program currently care for children whose care is paid for by the IDHS Child Care Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Requirement of the program</b></p> <p>Have the <i>Program Administrator/Primary FCC provider</i> complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance. To calculate: Total Number of children with IDHS Financial Assistance <b>DIVIDED</b> by Current total Enrollment <b>MULTIPLIED</b> by 100 <b>EQUALS</b> Percentage of Children Receiving IDHS Assistance. (FCC providers: include your own children, under age 13, in enrollment)</p> <div style="text-align: center; margin-top: 20px;"> <math display="block">\frac{\text{\# of IDHS children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of IDHS Children} \%</math> </div>
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**STEP 2: Funding Request**

2A	Request is being made for:  <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> QRIS Cohort Participation <i>Complete Supplemental Application C</i></td> <td style="width: 33%;"><input type="checkbox"/> Training Stipend <i>Complete Supplemental Application D</i></td> <td style="width: 33%;"><input type="checkbox"/> Accreditation Assistance <i>Complete Supplemental Application E</i></td> </tr> </table>	<input type="checkbox"/> QRIS Cohort Participation <i>Complete Supplemental Application C</i>	<input type="checkbox"/> Training Stipend <i>Complete Supplemental Application D</i>	<input type="checkbox"/> Accreditation Assistance <i>Complete Supplemental Application E</i>			
<input type="checkbox"/> QRIS Cohort Participation <i>Complete Supplemental Application C</i>	<input type="checkbox"/> Training Stipend <i>Complete Supplemental Application D</i>	<input type="checkbox"/> Accreditation Assistance <i>Complete Supplemental Application E</i>					
2B	<p>If only partial funds are available will you complete the activity? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Are you receiving additional funding from another source to assist with requested items/training/accreditation? (e.g. SAM Project, United Way, NAEYC, other, etc.)</p> <p>If yes, list the source(s), the item/activity and amount:</p> <table style="width: 100%; margin-top: 10px;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr> </table>		\$		\$		\$
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**STEP 3: Payment Information**

3	<p>Requesting payment be made to:</p> <ul style="list-style-type: none"> <li>Cohort – see question C15 for payment method</li> <li>Training Stipend – All payments are made directly to the child care program</li> <li>Accreditation Assistance   <input type="checkbox"/> Child care program   <input type="checkbox"/> Accrediting body</li> </ul>
	<p>Check Payable To:</p> <hr/> <p>Address <span style="float: right;">City:      State:      Zip Code:</span></p> <hr/> <p>(REQUIRED): Applicant   <input type="checkbox"/> Social Security Number/ or   <input type="checkbox"/> FEIN Number:</p> <hr/>

**Quality Improvement Funds Application Form****STEP 4: Application Checklist and Authorization**

☐ I completed all areas of the current application. If a question was not applicable I inserted N/A.

**Incomplete applications will be returned.**

☐ I completed the appropriate supplemental application(s). **Incomplete applications will be returned.**

☐ I signed and dated the application and the supplemental application(s).

☐ I have attached all the required supporting documentation. (Refer to the guidelines and applications #C9, D14, E3)

☐ The payment information I have submitted is correct.

☐ I have made a copy of this application for my records.

*I have completed all documentation that was requested in the instructions and requirements. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect and that my name or the names of my employees (if applicable) are not listed on the child abuse tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.*

\_\_\_\_\_  
Program Administrator Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator Signature (if applicable)

\_\_\_\_\_  
Date

**FOR CCR&R USE ONLY:**

Date received: \_\_\_\_\_

**Request for:**

☐ Cohort   ☐ Training Stipend   ☐ Accreditation

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Pending**   date: \_\_\_\_\_ / reason: \_\_\_\_\_

☐ **Denied**   date: \_\_\_\_\_ / reason: \_\_\_\_\_

☐ **Approved**   date: \_\_\_\_\_ / Amount \$ \_\_\_\_\_

## Section C: ExceleRate™ Illinois Cohort

A cohort is a group of individuals working towards a common goal. It not only provides an opportunity to learn and work on achieving the goal, but also provides an opportunity to develop relationships with your peers. The Child Care Resource & Referral (CCR&R) agency will offer cohort groups for programs working to improve the quality of care, working towards or maintaining an ExceleRate™ IL Silver or Gold Circle of Quality. Upon completion of the cohort requirements/expectations and the program's self-assessment, as applicable programs may request funds to help achieve objectives noted on the program's Continuous Quality Improvement Plan (CQIP). ***Please note: first time applicant programs are given priority for cohort participation.***

### C1. WHO CAN PARTICIPATE IN THE COHORT?

- A program administrator is required to attend. For agencies with more than one child care program, an administrator from each site is required to attend.
- Program Administrator is defined as: for centers it is the person responsible for the on-site day to day operation of the child care program (director, assistant director, director/teacher –when 50% or more time is spent in administration role); for licensed family child care it is the primary care provider.
- Teaching staff (teacher/assistant teacher, school age worker/assistant) from a child care program or assistants from a LFCC program that is working towards improving the quality of care, and working towards/maintaining an ExceleRate™ IL Circle of Quality
- Based on provider applications, the CCR&R may need to limit the number of staff attending from one program

### C2. DOES THE SAME PERSON HAVE TO ATTEND ALL THE COHORT MEETINGS?

- Yes

### C3. WHAT ARE THE COHORT TOPICS?

- Based on the needs of the applicants, various cohort groups may be formed. For example, programs working on self-assessment and developing a CQIP, programs working towards national accreditation.

### C4. WHAT ASSESSMENT TOOLS AND NATIONAL ACCREDITATIONS MAY BE COVERED IN A QRIS COHORT?

- The Environment Rating Scales, the Program Administration Scale for centers, the Business Administration scale for family child care or national accreditations

### C5. WHO WILL BE LEADING THE COHORT?

- Various CCR&R system staff, depending on the cohort topic

### C6. HOW WILL COHORTS BE ASSIGNED?

- A team of CCR&R staff will review applications and based on the needs will assign the cohort groups

### C7. WHAT ARE THE EXPECTATIONS?

- Attend and participate in all cohort meetings - at a minimum eight (8) contact hours
- Complete a program self-assessment tool/process
- Work with CCR&R Specialist(s)
- Develop a Continuous Quality Improvement Plan (CQIP)
- As applicable, develop a written request/budget for needs based on the self-assessment/CQIP results

### C8. SUPPORTING DOCUMENTATION

In addition to a completed application and Supplemental Application C, the following documentation is required:

- A copy of the ExceleRate™ IL, certificate/award if applicable
- W-9 form (included in this packet)

### C9. WHAT CAN FUNDS BE USED FOR?

- Materials and equipment to meet the ExceleRate™ IL Circle of Quality standards that are documented as needs through the self-assessment/CQIP



**C10. WHAT CAN'T FUNDS BE USED FOR?**

- General operating expenses
- Staff salaries/wages, benefits, bonuses
- Televisions, VCR, DVR, Video gaming systems
- Vehicles, vehicle repair
- Pools and pool equipment
- Trampolines
- Service agreements (e.g., cell phone, internet)
- On- going per child costs associated w/assessment tools
- Cosmetic improvements to the facility, decks
- Staff training
- Consumable items (e.g., paint, paper, food)
- Used equipment
- Screen devices for children under 2
- Motorized riding toys
- Items from a 3<sup>rd</sup> party purchase
- Items that restrict child mobility
- Developmentally inappropriate items
- Non age appropriate items
- Consultants, Mentors, Coaches

**C11. WHAT ARE THE DATES FOR THE COHORT MEETINGS?**

- **Child Care Centers: 2/1/18, 2/8/18 and 2/15/18**
- **Licensed Family Child Care: 1/30/18, 2/6/18, 2/13/18 and 2/20/18**

**C12. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**

- Applications for cohort **December 15, 2017.**

**C13. MAY I PARTICIPATE IN MORE THAN ONE COHORT PER FISCAL YEAR?**

- No

**C14. WHAT ARE THE GRANT AMOUNTS?**

- Please see the Overview Chart in Section A for funding ranges
- Please note that the funding range is a combination of all three Quality Improvement Fund areas

**C15. HOW ARE FUNDS PAID?**

- Forward up to 75% of grant award to provider and reimburse remaining percentage after receipt of expenditure documentation for total grant amount

**Supplemental Application C: ExceleRate™ Illinois Cohort Application**

Program Name

Program (work site) Address:

City: State: Zip Code: County:

Program Administrator:

Have you participated in an ExceleRate IL QI Cohort?

What ExceleRate™ IL Circle of Quality are you ☐ working towards/ ☐ maintaining?

☐ Silver ☐ Gold

Have you conducted a self-assessment of your program?

☐ YES ☐ NO

Is your program currently working with a CCR&amp;R Specialist?

☐ YES ☐ NO

Is your program: ☐ working towards/ ☐ maintaining accreditation?

☐ YES ☐ NO

If yes, which accreditation: ☐ NAEYC ☐ NAC ☐ NAFCC ☐ NECPA ☐ Advance-Ed ☐ AMS ☐ COA

Explain why you are requesting to be part of a cohort. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To assist CCR&R staff in planning the cohort, please answer the following questions:**

1. If you have conducted a self-assessment, which tool(s) did you use? \_\_\_\_\_

2. Of the following topics, rank in order of need, 1 being the greatest need:

\_\_\_ Developing a Continuous Quality Improvement Plan

\_\_\_ Developing an Individual Professional Development Plan

\_\_\_ Selecting a curriculum

\_\_\_ How to use an assessment tool

\_\_\_ Indicate other topics that would be helpful in pursuit of an ExceleRate IL Circle of Quality: \_\_\_\_\_

**#C8** In addition to a completed QI Funds Application and Supplemental Application C, attach

- If applicable, a copy of your program's ExceleRate™ Illinois, certificate/award
- W-9 form (Included in this packet)

**As the program administrator, I agree to complete all of the requirements of this program as stated in the Quality Improvement Funds guidelines.**

\_\_\_\_\_ Program Administrator's Signature \_\_\_\_\_ date

## Section D: ExceleRate™ Illinois Training Stipends

Licensed child care programs working towards/maintaining an ExceleRate™ IL Circle of Quality may apply for an ExceleRate™ IL training stipend. The stipend applies only to the required training within the ExceleRate™ IL Circle of Quality that the program is working towards/maintaining and is available only to the minimum staff required to attend the training.

### D1. WHO MAY APPLY FOR A TRAINING STIPEND?

- The minimum staff required to take training per the ExceleRate™ IL Circle of Quality
- Staff of licensed programs pursuing an ExceleRate™ IL Bronze, Silver or Gold Circle of Quality
- Staff is defined as
  - for Centers: program administrator and teaching staff. Program Administrator is defined as the person responsible for the on-site day to day operation of the child care program. Includes Director, Assistant Director, Director/Teacher (when spending 50% or more time in administration role). Teaching staff is defined as Lead Teacher, Teacher, Director/Teacher (when spending 50% or more time in teaching role), teaching assistant
  - for Family Child Care: the primary care provider and FCC assistant

### D2. ARE THERE SPECIFIC REQUIREMENTS?

- Training must occur during the current fiscal year (7/1/17-6/30/18)
- Training must be required for the Circle of Quality which the program is working towards/maintaining
- Training must be ExceleRate™ approved (face to face and on-line)
- Training participants must be a current member of the Gateways Registry
- Training participants must be currently employed at the program

### D3. WHAT TRAINING IS APPROVED TO RECEIVE AN EXCELERATE™ IL STIPEND?

- Please refer to the training grids at <http://www.exceleRateillinoisproviders.com> (select “How it Works” and then the overview for provider type) to confirm the requirements for a Circle of Quality and the minimum required staff. Below is a list of workshop titles (found on the training grid) that are ExceleRate-Approved/Gateways Registry Approved as of July 25, 2017.
  - *ExceleRate IL Orientation*
  - *ExceleRate IL Orientation for Licensed Family Child Care*
  - *An Introduction to the Environment Rating Scales*
  - *An Introduction to the Family Child Care Environment Rating Scale*
  - *ECRS-3 Update*
  - *CLASS training*
  - *Illinois Early Learning Guidelines*
  - *Illinois Early Learning & Development Standards*
  - *Finding a Curriculum that Works for You*
  - *Off the Shelf and into Practice: Using Your Curriculum Every Day*
  - *Training on a specific Curriculum (e.g., Creative Curriculum)*
  - *Introduction to Developmental Screening tools*
  - *Early Childhood Developmental Screening*
  - *Fundamentals of Child Assessment*
  - *Welcoming Each & Every Child (formerly Special Care)*
  - *Family & Community – Partners in Learning*
  - *An Introduction to Transitions*
  - *Getting Ready for PAS*
  - *Getting Ready for BAS*
  - *Understanding and Planning for continuous Quality Improvement*
  - *Basics of Linguistically & Culturally Appropriate Practice*
  - *Creating Individual Professional Development Plans*

### D4. DOES THE EXCELERATE™ ILLINOIS TRAINING STIPEND COVER THE TRAINING NEEDED TO OBTAIN/MAINTAIN A CREDENTIAL AND/OR ADDITIONAL PROFESSIONAL DEVELOPMENT HOURS?

- No, these training sessions may be eligible for the Individual Professional Development funds.

**D5. WHICH STAFF ARE REQUIRED TO ATTEND TRAINING?**

- This varies per training; however, it is either the Center Administrator or the Center Administrator and a percentage of teaching staff. For FCC it is the primary care provider and FCC assistant(s) (when specified on the Circle of Quality Chart). Please refer to the Circle of Quality charts - <http://www.excelerateillinoisproviders.com/>

**D6. DOES THE SAME PERSON HAVE TO ATTEND ALL THE TRAINING?**

- Program administrator – No, but the person(s) must be in a role as described in D1.
- Teaching staff– not necessarily, but the person(s) must be in a role as described in D1.
- For LFCC it is the primary care provider and LFCC assistants (when specified on the Circle of Quality chart).

**D7. IS THERE A STAFF LIMIT?**

- Programs may apply for the stipend based on the **minimum** training requirements listed on the Circle of Quality chart which they are working towards/maintaining

**D8. WHAT ABOUT ON-LINE TRAINING?**

- If a required ExceleRate™ IL training is offered on-line, the training is eligible for the stipend. Please note the stipend is based on the number of training contact hours

**D9. HOW DO I KNOW WHEN AND WHERE THE TRAINING SESSIONS ARE?**

- Training sessions will be noted on your local CCR&R training calendar [www.salccc.org](http://www.salccc.org)
- Training information may be found at the statewide training calendar [www.ilgateways.com](http://www.ilgateways.com)

**D10. WHAT IF A PROVIDER WANTS TO ATTEND AN EXCELERATE™ APPROVED TRAINING THAT ISN'T REQUIRED FOR THE CIRCLE OF QUALITY THEY ARE WORKING TOWARDS/MAINTAINING?**

- The stipend only applies to training that is required for the circle of quality the program is working towards/maintaining

**D11. WHAT IF A PROVIDER WANTS TO ATTEND A TRAINING THAT ISN'T REQUIRED FOR EXCELERATE™ ILLINOIS?**

- The training may be eligible for Individual Professional Development Funds. Check with SAL Child Care Connection for information

**D12. WHAT IS THE AMOUNT OF THE STIPEND?**

- \$10.00 per contact training hour (applies to face to face and on-line courses)
- Travel time is not covered under the stipend
- For the allowable funding ranges per program per fiscal year please see Section A: Overview Chart. Please note that the allowable funding range is a combination of all three Quality Improvement Fund areas.

**D13. WHAT DOES THE STIPEND COVER?**

The stipend is designed to assist with staff costs while staff are taking the required ExceleRate™ IL training including:

- staff wages while attending training outside of normal working hours
- substitute wages while staff attend training during working hours

**D14. WHAT SUPPORTING DOCUMENTATION IS NEEDED?**

In addition to a completed application and Supplemental Application D, the following documentation is required

- Documentation of training attendance/completion
- Proof of Gateways Registry Membership for each training participant
- W-9 form (included in this packet)

**D15. WHAT ARE THE DEADLINES FOR ME TO SUBMIT MY APPLICATION FOR A TRAINING STIPEND?**

- Training Stipend Applications may be submitted at any time during the funding cycle. However, for this funding period the final due date for applications to be received at the CCR&R is May 1, 2018.

**D16. HOW IS PAYMENT MADE?**

- Payment is made directly to the child care program **after** training is completed and required documentation is submitted

## Supplemental Application D: EXCELERATE™ ILLINOIS Training Stipend For Licensed Child Care Center Staff and Family Child Care Primary Care Giver

Program Name

Program (work site) Address:

City:                                      State:                                      Zip Code:                                      County:

What ExceleRate™ IL Circle of Quality are you working towards?    ☐ Bronze    ☐ Silver    ☐ Gold

✓ **Training stipend is available for the minimum staff required to take the training for ExceleRate™ IL based on the Circle of Quality the program is working towards/maintaining**

✓ **Please note: Only one staff member per form, copy as needed.**

STAFF MEMBER:		REGISTRY ID #	<input type="checkbox"/> Administrator <input type="checkbox"/> Teaching Staff <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Assistant <input type="checkbox"/> LFCC provider <input type="checkbox"/> LFCC Assistant	
Current Credential: check all that apply – indicate level <input type="checkbox"/> IDC ____; <input type="checkbox"/> ECE ____; <input type="checkbox"/> ITC ____; <input type="checkbox"/> FCC ____; <input type="checkbox"/> Other ____; <input type="checkbox"/> NA				
TRAINING DATE	TRAINING TITLE / LOCATION	TYPE	CONTACT HOURS	
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
		<input type="checkbox"/> face to face <input type="checkbox"/> on-line		
<b>TOTAL # OF CONTACT HOURS THIS PAGE</b>				
Request this page:        _____    total of contact hours x 10			\$	

**# D14** In addition to a completed QI Application and Supplemental Application D, the following documentation is required

- Documentation of training attendance/completion
- Proof of Gateways Registry Membership for each training participant
- W-9 form (included in this packet) – for the child care program

**As the Program Administrator, I confirm that the above staff member attended the training listed.**

\_\_\_\_\_ Program Administrator's Signature                                      \_\_\_\_\_ date

## Section E: Accreditation Assistance

Accreditation is a voluntary process that provides child care programs the opportunity to examine their services based on recognized standards of high quality. The Accreditation Assistance option is for child care programs that are applying for or maintaining an ExceleRate™ IL Silver or Gold Circle of Quality.

### E1. WHAT ACCREDITATIONS ARE APPROVED FOR FUNDING?

- |   |  |
|---|--|
| • National Association for the Education of Young Children (NAEYC)            | <a href="http://www.naeyc.org">www.naeyc.org</a>                               |
| • National Accreditation Commission for Early Care & Education Programs (NAC) | <a href="http://www.earlylearningleaders.org">www.earlylearningleaders.org</a> |
| • National Association of Family Child Care (NAFCC)                           | <a href="http://www.nafcc.org">www.nafcc.org</a>                               |
| • National Early Childhood Program Accreditation (NECPA)                      | <a href="http://www.necpa.net">www.necpa.net</a>                               |
| • AdvancEd Accreditation – Early Learning                                     | <a href="http://www.advanc-ed.org">www.advanc-ed.org</a>                       |
| • American Montessori Society (AMS)   | <a href="http://www.amshq.org">www.amshq.org</a>                               |
| • Council on Accreditation (COA) – Early Childhood or School Age              | <a href="http://www.coanet.org">www.coanet.org</a>                             |

### E2. WHAT CAN FUNDS BE REQUESTED FOR?

- Fees associated with the accreditation process as outlined in the Supplemental Application E

### E3. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

In addition to a completed application and Supplemental Application E, the following documentation is required

- Proof of payment to the Accrediting Body (if paid by the child care program)
- Copy of page 1 of the application for accreditation
- A written timeline, with dates, that describes how you will reach your goal of accreditation
- W-9 form (included in this packet)

### E4. WHAT IS THE DEADLINE TO SUBMIT MY APPLICATION FOR ACCREDITATION ASSISTANCE?

- Accreditation Applications may be submitted at any time during the funding cycle however, for this funding period the CCR&R must receive Accreditation Assistance applications by May 1, 2018

### E5. WHAT ARE THE GRANT AMOUNTS?

- Please see the Overview Chart in Section A for funding ranges
- Please note that the funding range is a combination of all three Quality Improvement Fund areas

### E6. HOW IS PAYMENT MADE?

- Programs will be notified in writing if the application has been approved or denied, and if approved, the amount in which the request was funded
- Checks will be made payable to the Accrediting body; however, checks will be mailed to the child care program. It is the responsibility of the child care program to submit payment, application and required documentation to the Accrediting body

**Supplemental Application E: Accreditation Assistance Request**

Program Name:		Program Capacity:		
Program (work site) Address:		City:	IL	Zip code:
What ExceleRate™ IL Circle of Quality are you working towards/maintaining?		Please indicate:		
<input type="checkbox"/> Silver <input type="checkbox"/> Gold		<input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Renewing Accreditation		

Accreditation /Component:	CCRR Max	Actual Cost of Accreditation Component	Accreditation /Component:	CCRR Max	Actual Cost of Accreditation Component
<b>National Association of the Education of Young Children (NAEYC)</b>			<b>American Montessori Society (AMS)</b>		
<input type="checkbox"/> Step 1: Enrolling in self- study	80% of the actual cost	\$	<input type="checkbox"/> Information Packet	80% of the actual cost	\$
<input type="checkbox"/> Step 2: Becoming an applicant		\$	<input type="checkbox"/> Application Form		\$
<input type="checkbox"/> Step 3: Becoming a candidate		\$	<input type="checkbox"/> Self-Study Report/Review Fee		
<input type="checkbox"/> Annual Report Fee		\$	<b>AdvancEd Accreditation – Early Care</b> (fee only, no travel expenses)		
<input type="checkbox"/> Intent to Renew		\$	<input type="checkbox"/> Readiness Visit	80% of the actual cost	\$
<input type="checkbox"/> Renewal Material Form Fee		\$	<input type="checkbox"/> Engagement Review	80% of the actual cost	\$
<b>National Accreditation Commission (NAC) for Early Care &amp; Education Programs</b>			<b>Council on Accreditation (COA) Early Childhood / School Age</b>		
<input type="checkbox"/> Self- Study Enrollment	80 % of the actual cost	\$	<input type="checkbox"/> Application Fee	80% of the actual cost	\$
<input type="checkbox"/> Verification Fee		\$	<input type="checkbox"/> Accreditation Fee		\$
<input type="checkbox"/> Annual Report Fee		\$	<input type="checkbox"/> Site Visit Costs		\$
<b>National Association of Family Child Care (NAFCC)</b>					
<input type="checkbox"/> Self-study Step	80% of the actual cost	\$	<b>TOTALS:</b>		
<input type="checkbox"/> Application Step		\$			
<input type="checkbox"/> Annual Renewal Fee		\$			
<b>National Early Childhood Program Accreditation (NECPA)</b>					
<input type="checkbox"/> Enrollment Fee	80% of the actual cost	\$	TOTAL ACTUAL COST		
<input type="checkbox"/> Verification Fee		\$	TOTAL REQUEST - 80% of actual cost		
<input type="checkbox"/> Annual Report Fee		\$	To calculate 80 %: actual cost _____ x 0.80 =		
			\$		

*As program administrator, I confirm we are actively working towards/maintaining accreditation.*

Program Administrator's Signature

Date

Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give Form to the requester. Do not send to the IRS.</b>
Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.		
<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.		
<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/w9">www.irs.gov/w9</a> . <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: • Form 1099-INT (interest earned or paid) • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2. By signing the filled-out form, you: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued). 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.		