# Guidelines & Applications Child Care Program Quality Improvement

Eastern Illinois University Child Care Resource and Referrals 600 Lincoln Ave, Charleston IL 61920 217-581-6698

July 1, 2023 – June 30, 2024





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. In Illinois, the quality recognition program is ExceleRate Illinois. All licensed child care programs are considered a part of ExceleRate Illinois. There are three (3) Circles of Quality above the Licensing level that programs can opt to work towards/advance to /or maintain. The QI Funds have been developed and are offered through the Child Care Resource and Referral agencies (CCR&R), to assist and support child care programs that are choosing to achieve a Circle of Quality above the Licensing level. 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 the EIU Child Care Resource and Referral. Funds are provided by the Illinois Department of Human Services' Division of Early Childhood (IDHS-DEC).

QI Funds can assist child care programs with:

- Achieving a Bronze, Silver or Gold Circle of Quality
- Achieving National Accreditation
- Advancing to a Bronze, Silver or Gold Circle of Quality
- Maintaining a Silver or Gold Circle of Quality

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**

	The child care program must:					
Basic Eligibility	1. be listed on the local Child Care Resource & Referral (CCR&R) provider database					
for all Quality	2. currently be providing child care services in one of the following Illinois counties: Clark, Coles, Cumberland,					
Improvement	Edgar, Moultrie, Shelby					
Funds	-	r/Staff) of the IL Gateways to Opportunity	= -			
Tulius	4. have no unpaid financial obligation to the CCR&R agency or IDHS-DEC's Bureau of Subsidy Management or					
	Bureau of Quality Initiatives					
Priority	1. Programs currently caring for childre	n whose care is paid for by the IDHS-DEC's	s Child Care Assistance Program			
Programs	(CCAP), with greater priority given to	those with 50% or more of their enrollm	ent consisting of IDHS-DEC CCAP			
	funded children					
	2. Programs that are full year (at least 4	7 weeks)/full day (at least 8 hours)				
	3. Programs that are currently caring fo	r infants and toddlers				
		applicant programs are a priority for coh	ort participation			
		Funds in the last two grant years (FY23 or	-			
Basic		pe committed to and actively participate in				
Expectations	-	rk with the Quality and/or the Infant Todo				
-l	Program must develop a Continuous					
		as described in the Guidelines & Application	on document			
Abbreviations:	·	ed family child care • FGH= family group h				
	1	1				
Component	ExceleRate™ IL Cohort	ExceleRate™ IL Training Stipend	Accreditation Assistance			
Provider Type	Licensed CC Centers & LFCC	Licensed CC Centers & LFCC	Licensed CC Centers & LFCC			
Circle	ExceleRate™ Illinois	ExceleRate™ Illinois	ExceleRate™ Illinois			
of Quality	Silver, Gold	Bronze, Silver, Gold	Silver, Gold			
Specific	1. <u>Centers</u> must be working	1. <u>Centers</u> must be working	1. Programs must be applying for or			
Requirements	towards/maintaining ExceleRate™ IL	towards/maintaining ExceleRate™ IL	maintaining an ExceleRate™ IL Silver			
and	under the child care path.	under the child care path.	or Gold Circle of Quality.			
Expectations	<u>LFCC/FGH</u> must be working towards/	<u>LFCC/FGH</u> must be working towards/	2. Must meet with a Quality and/or			
•	maintaining ExceleRate™ IL under the	maintaining ExceleRate™ IL under the	Infant Toddler Specialist at least two			
For the definition	LFCC path.	LFCC path.	(2) times.			
of "working	2. Attend and participate in the cohort	2. Training must be required for an				
towards/	meetings	ExceleRate™ IL Circle of Quality and				
maintaining" see	3. Self-assessment: If maintaining an ExceleRate Circle, must have completed	must be ExceleRate™ approved.  3. A stipend is only available for the				
В8	within the last 6 months. If working	minimum staff required to take the				
	towards ExceleRate application, must	training for ExceleRate™ IL				
	be willing to complete as part of cohort	4. Training participants must be currently				
	participation.	employed at the child care program				
	4. Must meet with a Quality and/or Infant	5. Must meet with a Quality and/or Infant				
	Toddler Specialist at least four (4) times	Toddler Specialist at least two (2) times.				
Funding	Funding is determined based on the	\$10 / contact training hour	80% of the cost of accreditation,			
Funding	Continuous Quality Improvement Plan	\$10 / Contact training flour	as funding allows			
	(CQIP) and provider type; in addition, for		as fulfullig allows			
child care centers program capacity.						
Funding Range f		l vable funding applies for any combination	n of QI Funds.			
Provider Type		Capacity	Funding Range			
Licensed Family Cl	hild Care	. ,	Up to \$1200			
Licensed Family G			Up to \$1500			
,		50 or less	Up to \$3000			
		30 01 1633	Op 10 33000			
Child Care Center		51-100	Up to \$5000			

## **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 training or currently hold an ExceleRate™
   IL Circle of Quality (Bronze, Silver, Gold).
- For those maintaining an ExceleRate IL Circle of Quality, must have completed self-assessment within the last 6 months (from time of application). For those working towards an ExceleRate IL application, must be willing to complete as part of cohort participation.
- Must have a current, signed Consultant Agreement in place with the CCR&R Quality and/or Infant Toddler Specialist **OR for those participating in the Cohort, must be** willing to sign a Consultant Agreement during the first cohort session.

#### B9. WHAT IS MEANT BY "MEET AND WORK WITH THE QUALITY/INFANT TODDLER SPECIALIST"?

Programs receiving QI Funds are required to meet and actively work with the Quality and/or Infant Toddler Specialist – for
those participating in the QI component, at a minimum four (4) sessions. For the Training Stipend and Accreditation
Assistance component, at a minimum two (2) sessions. During the first session the following items will be discussed: goals
for the program, steps to develop a CQIP, steps to develop a professional development plan, etc., and the Consultant
Agreement will be discussed, developed, and signed.

#### B10. WHAT IS THE DEADLINE FOR SUBMITTING AN APPLICATION/SUPPORTING DOCUMENTATION?

• See each section for application submission deadlines (C12, D15, E4)

#### **B11. 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.

#### **B12. 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

#### **B13. HOW IS PAYMENT MADE?**

• Please see the specific section for payment information

#### **B14. 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 <u>cohort component</u> will
  need to be repaid at a pro-rated amount. In some cases, EIU CCR&R 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 **the EIU CCR&R** regarding return of funds.
- If 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 **the EIU CCR&R** regarding the return of funds.

#### **B15. 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.

#### **B16. WHERE ARE APPLICATIONS SUBMITTED?**

- Eastern Illinois University CCR&R
- ATTN: Shelli Blair
- 600 Lincoln Ave, Charleston IL 61920
- srblair@eiu.edu

### **B17. WHAT ELSE DO I NEED TO KNOW?**

- Only completed applications will be considered.
- Applicants must use the provided application for July 2023

   June 2024.
- Faxed applications will not 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.

#### **B18. IS THERE AN INFORMATION SESSION FOR THE QUALITY IMPROVEMENT FUNDS?**

• Yes, but attendance is not mandatory. We encourage first time applicants to participate. For those who have applied before, it is good to attend as a refresher and to learn about changes to the program. Information Session will be CCR&R inserts date, time & location for information session (s)

#### **B19. FOR MORE INFORMATION OR TO ASK FURTHER QUESTIONS, PLEASE CONTACT:**

• Shelli Blair 217-581-6698 srblair@eiu.edu

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 <u>and one or more</u> supplemental application(s).



Eastern Illinois University Child Care Resource and Referral 600 Lincoln Ave, Charleston IL 61920 217-581-6698

July 1, 2023 – June 30, 2024

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

STEP	STEP 1: Child Care Program Information						
	Program Name						
	Program (work site) Address:						
	City:	State:	Zip Code:		Coun	ty:	
1A	Mailing address (if different):						
	Phone #: ( )			Fax #:	( )		
	Director/Administrator Name	:		Email:			
	Is the program listed on the C	CR&R referral databas	se?		Yes No		
	Is the program full year (at lea	st 47 weeks)/full day	(at least 8 h	ours)?	Yes No		
	Program must check a provide accreditation entity	er type, list DCFS licen	se # and exp	iration (	date, enter prograr	n capacity and if ap	pplicable,
1B	Center	Family Child Care	Group	FCC	Head St	art Scho	ol Age Program
	DCFS License #: Expiration date:						
	If applicable, program is accre	dited by: NAEYC	☐ NAC	☐ NAF	FCC NECPA	Advanced-Ed	AMS
	Age Groups: Currently providing care for:	☐ Infants	☐ Toddle	rs	Twos	Preschool	School Age
1C	(Check all that apply)	6 wks-14 months	15–23 mo	nths	24–35 months	3–5 years	K–12 years
1C	Capacity						
	Current Enrollment						
	<u>CC Centers</u> : enter the # of classrooms for age group:	classrooms	classro	oms	classrooms	classrooms	classrooms
	Indicate date attended/completed (mm/dd/yyyy):						
1D	CHILD CARE CENTERS  ExceleRate™ IL Orientation ***An Introduction to Environ	ment Rating Scales		FAMILY CHILD CARE  ExceleRate™ IL Orientation for LFCC:  * An Introduction to ERS OR Family Child Care Environment  Rating Scale			
	*Does not apply to programs that are  ***An Introduction to ERS inclusive of	•	-			ously offered is accepted	1.

Quo	uality Improvement Funds Application Form					
15	ExceleRate™ IL circle program is currently at:	celeRate™ IL c	circle pro	gram is $\square$ worki	ing towards 🗖 maintai	ining:
1E	Licensing Bronze Silver Gold NA	Bronze 🗌	] Silver	Gold		
1F	Does your program currently care for children whose care is p  Have the <i>Program Administrator/Primary LFCC provider</i> comp children in your program receiving IDHS child care financial as Financial Assistance <b>DIVIDED</b> by Current total Enrollment <b>MUI</b> Assistance. (FCC providers: include your own children, under	lete the follow sistance. To ca L <b>TIPLIED</b> by 10	ving form alculate: 00 <b>EQUAL</b>	ula to determin Total Number (	ne the percentage of of children with IDHS	□ No HS
	Assistance: (ree providers: include your own children, dilaci	uge 13, 111 ein e	Jimienty			
		X 1			<u> </u>	
	# of IDHS children Current Total Enrolln	ient	P	Percentage of IDHS	Children	
STE	EP 2: Funding Request					
	Request is being made for:					
2A	Complete Supplemental Application C Complete Supplemental Complete		ion D		on Assistance elemental Application E	
	If only partial funds are available will you complete the activity	ı?		Г	☐ Yes ☐ No	
2B	Are you receiving additional funding from another source to assist with requested items/training/accreditation? (e.g. SAN Project, United Way, NAEYC, Smart Start Transition Grants, Smart Start Quality Supports, other, etc.)  If yes, list the source(s), the item/activity and amount:				creditation? (e.g. SAM	
					\$	
					\$	-
					\$\$	
STE	EP 3: Payment Information					
	Requesting payment be made to:  Cohort – see question C15 for payment method  Training Stipend – All payments are made directly to  Accreditation Assistance Child care program	the child care ¡				
3	Check Payable To: (if payment is being made to a child care pro-	ogram, this mu	ust matci	h Box 1 of the W	V9)	
	Address	City:		State:	Zip Code:	
	(REQUIRED): Applicant Social Security Number or FEIN	l Number:				

Quality Improvement Funds Application Form						
STEP 4: Application Checklist a	nd Authorization					
☐ I completed all areas of the current a Incomplete applications will be return	• •	s not applicable, I inserte	d N/A.			
lacksquare I completed the appropriate supplen	nental application(s). <u>Incom</u>	plete applications will be	returned.			
lacksquare I signed and dated the application ar	d the supplemental applica	tion(s).				
lacksquare I have attached all the required supp	orting documentation. (Ref	er to the guidelines and a	pplications #C7, D14,	E3)		
☐ The payment information I have sub	mitted is correct.					
☐ I have made a copy of this applicatio	n 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 Child Care Home, Child  Care Group Home or Child Care Center license if applicable to my application.  Program Administrator Signature (required)  Date  Agency Administrator Signature (if applicable)  Date						
CCR&R USE ONLY:						
Date Received:	Reviewed by:		Complete? □Yes	□No		
Request for	Training Stipend \$		TOTAL \$			
Approved for	□ Training Stipend \$		TOTAL: \$			
☐ Pending Date/Reason						
☐ Communicated with applicant Dat	e / Message					
☐ Denied Date / Reason						

### 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 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 (LFCC) 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 members attending from one program.

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

• Yes, at a minimum the program administrator must attend all meetings. Additional program staff are welcome and encouraged to participate.

#### **C3. WHAT ARE THE COHORT TOPICS?**

• CCR&Rs will work to address the needs of the applicants. For example, assessment tools, programs completing a self-assessment, how to develop a CQIP, and/or national accreditation.

#### **C4. WHO WILL BE LEADING THE COHORT?**

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

#### **C5. HOW WILL COHORTS BE ASSIGNED?**

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

#### **C6. WHAT ARE THE EXPECTATIONS?**

• Please review the Basic & Specific expectations in Section A: Overview.

#### **C7. SUPPORTING DOCUMENTATION**

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

• W-9 form (included in this packet)

#### **C8. 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

#### **C9. 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

- Consumable items (e.g., paint, food, cleaning supplies, etc.)
- 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

- Alexa or other virtual assistants
- Cosmetic improvements to the facility, decks
- Staff training
- Fire doors

- Consultants, Mentors, Coaches
- Appliances
- Sprinkler systems
- Please note: e-learning materials should be discussed with your local school district

#### C10. WHAT ARE THE DATES FOR THE COHORT MEETINGS?

- There will be a minimum of three (3) cohort meetings. Exact dates and times will be established once participants are selected but will start in October
- October 11, 2023 @ 6pm
- November 8, 2023 @ 6pm
- December 13, 2023 @ 6pm

#### C11. ARE THE COHORT MEETINGS AND SESSIONS WITH THE SPECIALIST THE SAME THING?

No.

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

- Complete Applications (including supporting documentation) for cohort MUST BE RECEIVED BY SEPTEMBER 29, 2023
- C13. MAY I PARTICIPATE IN MORE THAN ONE QI COHORT GROUP 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?**

• Reimburse provider upon receipt of expenditure documentation

Supplemental Application C: ExceleRate™ Illinois Cohort Application				
Program Name				
Program (work site) Address:				
City: State: Zip Code: Count	ty:			
Program Administrator:				
Have you participated in an ExceleRate IL QI Cohort before? YES NO If yes, W	Vhat year(s)?			
What ExceleRate™ IL Circle of Quality are you ☐ working towards ☐ maintaining?	Silver Gold			
If <b>maintaining</b> ExceleRate Circle, have you completed a recent self-assessment of your program?	YES NO			
If working towards an ExceleRate Silver/Gold Circle, have you completed a recent self- assessment of your program OR are you willing to complete as part of cohort?	☐ YES ☐ NO			
Is your program: working towards maintaining accreditation?	☐ YES ☐ NO			
If yes, which accreditation: NAEYC NAC NAFCC NECPA Advanced	d-Ed AMS COA			
Supporting Documentation: See # C7  As the program administrator, I agree to complete all the requirements of thi	is program as stated in the Quality			
Improvement Funds guidelines.				
Program Administrator's Signatur	e 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. <u>Program Administrator</u> 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). <u>Teaching staff</u> is defined as Lead Teacher, Teacher, Director/Teacher (when spending 50% or more time in teaching role), teaching assistant
  - for Family Child Care (LFCC): the primary care provider and LFCC assistant

#### **D2. ARE THERE SPECIFIC REQUIREMENTS?**

- Training must occur during the current fiscal year (7/1/23-6/30/24)
- Training must be required for the Circle of Quality which the program is working towards/maintaining
- Training must be ExceleRate<sup>™</sup> approved (face to face and on-line)
- Training participants must be a current member of the Gateways to Opportunity 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 <a href="http://www.excelerateillinoisproviders.com">http://www.excelerateillinoisproviders.com</a> (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.

## 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 Program Administrator or the Program Administrator and a percentage of teaching staff. For LFCC it is the primary care provider and LFCC assistant(s) (when specified on the Circle of Quality Chart).
 Please refer to the Circle of Quality charts - <a href="https://www.excelerateillinoisproviders.com/resources/standard-and-evidence-requirements">https://www.excelerateillinoisproviders.com/resources/standard-and-evidence-requirements</a>

#### 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.eiu.edu/ccrr
- Training information may be found at the statewide training calendar <u>www.ilgateways.com</u>

## 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 EIU CCR&R 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 to Opportunity 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?

Complete Training Stipend Applications (including supporting documentation) 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 31,
2024.

#### **D16. HOW IS PAYMENT MADE?**

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

Program N	ame		
Program (v	vork site) Address:		
City:	State: Zip Code: County:		
What Exce	eRate™ IL Circle of Quality are you working towards? ☐ Bronze ☐ Silver	Gold	
_	ipend is available for the minimum staff required to take the training for ExceleRa	te™ IL based on the (	Circle of
-	e program is working towards/maintaining. e: Only one staff member per form, copy as needed.		
TAFF MEM		Program Admi	nistrator
		Teaching Staff	
	dential: check all that apply – indicate level	Teacher	Assistant
] IDC;	☐ ECE; ☐ ITC; ☐ FCC; ☐ Other; ☐ NA	LFCC provider	
		LFCC Assistant	
RAINING ATE	TRAINING TITLE / LOCATION	TYPE	CONTACT HOURS
AIL		face to face	1100113
		on-line	
		face to face	
		on-line	
		face to face	
		on-line  face to face	
		on-line	
		face to face	
		on-line	
		face to face	
		on-line	
		face to face	
		on-line face to face	
		on-line	
		face to face	
		on-line	
		face to face	
0741 # 05	CONTACT HOURS THIS BACE	on-line	
OTAL # OF	CONTACT HOURS THIS PAGE		
equests th	is page: total of contact hours x \$10		\$
	Supporting Documentation: See #D14		
	am Administrator, I confirm that the above staff member attended the tro	rining listed	

#### 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)
 www.naeyc.org

National Accreditation Commission for Early Care & Education Programs (NAC)
 www.earlylearningleaders.org

National Association of Family Child Care (NAFCC)
 www.nafcc.org

National Early Childhood Program Accreditation (NECPA)
 www.necpa.net

AdvancEd Accreditation-Early Learning

www.cognia.org

American Montessori Society (AMS)

• Council on Accreditation (COA) – Early Childhood

www.amshq.org

www.coanet.org

#### **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
- W-9 form (included in this packet)

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

 Complete Accreditation Applications (including supporting documentation) 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 31, 2024

#### **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 at which the request was funded
- Payment is done as a reimbursement to the child care program

Supplemental Application E: Accreditation Assistance Request				
Program Name:		Program Capacity:		
Program (work site) Address:				
City:	IL	Zip code:	County:	
What ExceleRate™ IL Circle of Quality are you working towards/maintaining?	Silver	Gold		
Please indicate: Initial Accreditation Renewing Accreditation				
Accreditation Process		Actual Cost	CCR&R Max	

National Association of the Education of Young Children (NAEYC)		Ι
☐ Step 1: Enrolling in self-study	\$	
☐ Step 2: Becoming an applicant	\$	
☐ Step 3: Becoming a candidate	\$	
☐ Annual Report Fee	\$	
☐ Intent to Renew	\$	
☐ Renewal Material Form Fee	\$	
National Accreditation Commission (NAC) for Early Care & Education Programs	,	80% of the
☐ Self-Study Enrollment	\$	actual cost
☐ Verification Fee	\$	actual cost
☐ Annual Report Fee	\$	
National Association of Family Child Care (NAFCC)		
☐ Self-study Step	\$	
☐ Application Step	\$	
☐ Annual Renewal Fee	\$	
National Early Childhood Program Accreditation (NECPA)		
☐ Enrollment Fee	\$	
☐ Verification Fee	\$	
☐ Annual Report Fee	\$	
American Montessori Society (AMS)		
☐ Information Packet	\$	
☐ Application Form	\$	
☐ Self-Study Report/Review Fee	\$	
☐ Annual Report Fee		
AdvancED Accreditation (fee only, no travel expenses)		
☐ Readiness visit	\$	
☐ Engagement Review	\$	
Council on Accreditation (COA) Early Childhood		
☐ Application Fee	\$	
☐ Accreditation Fee	\$	
☐ Site Visit Costs	\$	
TOTAL ACTUAL COST		
TOTAL REQUEST - 80% of actual cost		

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

\_Program Administrator's Signature

(Rev. October 2018) Department of the Treasury

### **Request for Taxpayer Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

IIIterria	Theveride dervice	Co to www.iis.gov/i o/iiwo for ilistractions and the latest illion	iation.		
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/o	lisregarded entity name, if different from above			
in page 3.	Tollowing seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
pe.	single-member		Exempt p	payee code (if any)	
₽₩	Limited liabilit	y company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶			
Print or type. Specific Instructions on	LLC if the LLC another LLC t	the appropriate box in the line above for the tax classification of the single-member owner. Do r c is classified as a single-member LLC that is disregarded from the owner unless the owner of that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member of the owner should check the appropriate box for the tax classification of its owner.	ne LLC is	on from FATCA reporting any)	
ΞĖ	Other (see ins		(Applies to a	ccounts maintained outside the U.S	.S.)
ğ		,	er's name and addres		
See S		,,,		(-	
ű	6 City, state, and 2	IP code			
	o ony, orano, ama a				
	7 List account num	ber(s) here (optional)			
Par	t I Taxpa	er Identification Number (TIN)			
Enter	your TIN in the ap	propriate box. The TIN provided must match the name given on line 1 to avoid	Social security num	nber	
backı	ıp withholding. For	individuals, this is generally your social security number (SSN). However, for a			
reside	ent alien, sole prop	rietor, or disregarded entity, see the instructions for Part I, later. For other yer identification number (EIN). If you do not have a number, see <i>How to get a</i>	-	-	ĺ
TIN, la		. , ,	or		
		<u>-</u>	Employer identifica	tion number	1
		guester for guidelines on whose number to enter.			ĺ
			-		
Par	t II Certifi	cation			
Unde	r penalties of perju	ry, I certify that:			
2. I ar Sei no	n not subject to ba vice (IRS) that I an longer subject to b	n this form is my correct taxpayer identification number (or I am waiting for a numbe ckup withholding because: (a) I am exempt from backup withholding, or (b) I have n n subject to backup withholding as a result of a failure to report all interest or divider ackup withholding; and	ot been notified by	the Internal Revenue	
3. I ar	n 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.

Certification instructions. 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 pro-	nde your correct file. See the instructions for Part II, later.
	Signature of	
nere	U.S. person ►	Date ►

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

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
- 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 What is backup withholding,