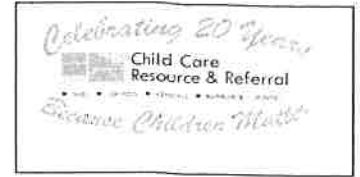


## Guidelines & Applications Child Care Program Quality Improvement

Child Care Resource & Referral Agency  
801 N. Larkin Ave., Suite 202, Joliet, IL. 60435  
815-741-1163 Ext. 226



July 1, 2015 – June 30, 2016

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™ Illinois 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 the Child Care Resource & Referral (CCR&R). 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™ Illinois Cohort Specific Information + ExceleRate™ Illinois Cohort Application
- Section D ExceleRate™ Illinois Training Stipend Specific Information + ExceleRate™ Illinois Training Stipend Application
- Section E Accreditation Specific Information + Accreditation Application

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

**Section A: Overview**

FCC = family child care    LFCC = Licensed family child care    FGH= family group home    CC = child care

<b>Basic Eligibility for all Quality Improvement Funds</b>	<ol style="list-style-type: none"> <li>1. Program must be listed on the local Child Care Resource &amp; Referral (CCR&amp;R) provider database</li> <li>2. Must currently be providing Child Care services in one of the following Illinois counties (Will, Grundy, Kendall or Kankakee).</li> <li>3. Have no unpaid financial obligation to CCR&amp;R agency or IDHS Bureau of Child Care &amp; Development</li> </ol>		
<b>Priority Programs</b>	<ol style="list-style-type: none"> <li>1. Programs currently caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP), with greater priority given to those with 25% or more of their enrollment consisting of IDHS funded children.</li> <li>2. Programs that are full year (at least 47 weeks)/full day (at least 8 hours)</li> <li>3. Programs that are currently caring for infants and toddlers</li> </ol>		
	<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 B6</i>	<ol style="list-style-type: none"> <li>1. Centers must be working towards/maintaining in ExceleRate™ Illinois under the Child Care path LFCC must be working towards/maintaining ExceleRate™ Illinois under the LFCC path</li> <li>2. Attend and participate in the cohort meetings</li> <li>3. Complete a Self -Assessment Tool/Process</li> <li>4. Work with a CCR&amp;R Quality/Infant Toddler CC Specialist</li> <li>5. Develop a Continuous Quality Improvement Plan (CQIP)</li> </ol>	<ol style="list-style-type: none"> <li>1. Centers must be working towards/maintaining ExceleRate™ Illinois under the Child Care path LFCC must be working towards/maintaining ExceleRate™ Illinois under the LFCC path</li> <li>2. Training that is required for an ExceleRate™ Illinois Circle of Quality and must be ExceleRate™ approved</li> <li>3. Staff member must be a current member of the Gateways Registry</li> <li>4. A stipend is only available for the minimum staff required to take the training for ExceleRate™ Illinois</li> <li>5. Training participants must be currently employed at the child care program</li> </ol>	Programs must be applying for or maintaining an ExceleRate™ Illinois Circle of Quality
<b>Funding Amounts</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 for the Fiscal Year (July 1- June30). <i>The allowable funding applies for any combination of QI Funds.</i></b>			
<b>Provider Type</b>	<b>Capacity</b>	<b>Funding Range</b>	
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

### B2. 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

### B3. CAN A PROGRAM APPLY FOR MORE THAN ONE AREA?

- Yes

### B4. WHAT IS THE APPLICATION PROCESS?

- Child Care programs complete and submit the application, the appropriate supplemental application and 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

### B5. 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

### B6. WHAT IS MEANT BY “WORKING TOWARDS OR MAINTAINING” EXCELERATE™ ILLINOIS

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

### B7. WHAT IS THE DEADLINE FOR SUBMITTING AN APPLICATION/SUPPORTING DOCUMENTATION?

- See each section for application submission deadlines (C13, D15, E4)
- All supporting documentation must be received at CCR&R by June 20, 2015.

### B8. 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.
- Applicants may submit only one supplemental application or they may submit more, it depends on your programs needs and what you are requesting funds for.
- If Supplemental applications are submitted at different times, a QI Funds application must be completed each time.

### B9. 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*

### B10. HOW IS PAYMENT MADE?

- Please see the specific section for payment information

### B11. 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 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 CCR&R 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 CCR&R regarding the return of funds.

**B12. 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.

**B13. WHERE ARE APPLICATIONS SUBMITTED?**

- Child Care Resource & Referral (CCR&R)  
ATTN: Tamara Notter  
801 N. Larkin Ave., Suite 202, Joliet, IL. 60435

**B14. WHAT ELSE DO I NEED TO KNOW?**

- Only completed applications will be considered
- Applicants must use the provided application for July 2015– June 2016
- Faxed/electronic 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

**B15. IS THERE AN INFORMATION SESSION FOR THE QUALITY IMPROVEMENT FUNDS?**

- Yes, but attendance is not mandatory
- Information sessions available on these dates: **December 5, 2015 (9:00am to 11:00am)**  
**February 17, 2016 (7:00pm to 9:00pm)**

**B16. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:**

- Tamara Notter/ 815-741-1163 Ext. 226/ tnotter@childcarehelp.com

***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).



**Child Care Resource & Referral Agency**  
 801 N. Larkin Ave., Suite 202, Joliet, IL. 60435  
 815-741-1163 Ext. 226



July 1, 2015 – June 30, 2016

- ➔ 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

<b>STEP1: Child Care Program Information</b>						
<b>1A</b>	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					
<b>1B</b>	Type of Program: program must check a program type, license status, enter program capacity & if applicable, accreditation status					
	<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	Program Capacity: _____	
	<input type="checkbox"/> NAEYC Accredited	<input type="checkbox"/> NAC Accredited	<input type="checkbox"/> NAFCC Accredited	<input type="checkbox"/> AMS Accredited	<input type="checkbox"/> COA Accredited	
<b>1C</b>	Age group(s) your program is currently providing care for (check all that apply)					
	Age Groups:	<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
	CC Centers: enter the # of classrooms for age group:	___ classrooms	___ classrooms	___ classrooms	___ classrooms	___ classrooms
<b>1D</b>	List the date you attended/completed the <i>ExceleRate™ Illinois Orientation</i> _____ (mm/dd/yy)					
	*List the date you attended/completed the <i>Introduction to Environment Rating Scales</i> : _____ (mm/dd/yy) <input type="checkbox"/> not taken <i>*does not apply to programs that are currently accredited or working towards accreditation</i>					

1E	ExceleRate™ IL circle program is at <b>currently</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
----	--	--

**Quality Improvement Funds Application Form**

1F	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  If yes, please 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)  $\frac{\text{\# of IDHS children}}{\text{Current Total Enrollment}} \div \text{\#} \times 100 = \text{\%} \text{ Percentage of IDHS Children}$
----	--

**STEP 2: Funding Request**

2A	Request is being made for:  <input type="checkbox"/> QRIS Cohort Participation <input type="checkbox"/> Training Stipend <input type="checkbox"/> Accreditation Assistance <i>Complete Supplemental Application C</i> <i>Complete Supplemental Application D</i> <i>Complete Supplemental Application E</i>
2B	If only partial funds are available will you complete the activity? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you receiving additional funding from another source to assist with requested items/training/accreditation? (e.g. SAM Project, United Way, NAEYC, other, etc.) If yes, list the source(s), the item/activity and amount :  _____ \$ _____ _____ \$ _____ _____ \$ _____

**STEP 3: Payment Information**

3	Requesting payment be made to: <ul style="list-style-type: none"> <li>• Cohort – see question C16 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>
3	Check Payable To:  _____  Address _____ City: _____ State: _____ Zip Code: _____  (REQUIRED):Applicant <input type="checkbox"/> Social Security Number/ or <input type="checkbox"/> FEIN Number:  _____

**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:**

**Request for:**

- Cohort     Training Stipend     Accreditation

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

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™ Illinois 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).

### 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™ Illinois 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. WILL THE *INTRODUCTION TO THE ENVIRONMENT RATING SCALES* BE PART OF THE COHORT?

- Possibly. Based on the applications received, if there is a need for the CCR&R to offer as part of the cohort, they will.
- Programs who have taken *Introduction to the Environment Rating Scale* within 12 months of the cohort start date do not have to take it if offered as part of the cohort
- Programs that have an ExceleRate Circle or provisional circle through the assessment path do not need to complete the *Introduction to the Environment Rating Scales* training as it was completed prior to circle award

### C5. 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 including: NAEYC, NAC, NAFCC

### C6. WHO WILL BE LEADING THE COHORT?

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

### C7. HOW WILL COHORTS BE ASSIGNED?

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

### C8. 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 CQIP

### C9. SUPPORTING DOCUMENTATION

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

- A copy of the ExceleRate™ Illinois, certificate/award if applicable
- W-9 form (the form is available at [www.irs.gov](http://www.irs.gov))



**C10. WHAT CAN FUNDS BE USED FOR?**

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

**C11. WHAT CAN'T FUNDS BE USED FOR?**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• General operating expenses</li> <li>• Staff salaries/wages, benefits, <b>bonuses</b></li> <li>• Televisions, VCR, DVR, Video gaming systems</li> <li>• Vehicles, vehicle repair</li> <li>• Pools and pool equipment</li> <li>• Trampolines</li> <li>• Service agreements (e.g., cell phone, internet)</li> <li>• On- going per child costs associated w/assessment tools</li> <li>• Cosmetic improvements to the facility, decks</li> <li>• Staff training</li> </ul> | <ul style="list-style-type: none"> <li>• Consumable items (e.g., paint, paper, food)</li> <li>• Used equipment</li> <li>• Screen devices for children under 2</li> <li>• Motorized riding toys</li> <li>• Items from a 3<sup>rd</sup> party purchase</li> <li>• Items that restrict child mobility</li> <li>• Developmentally inappropriate items</li> <li>• Non age appropriate items</li> <li>• Consultants, Mentors, Coaches</li> </ul> |
|--|--|

**C12. WHAT ARE THE DATES FOR THE COHORT MEETINGS?**

- **Winter Cohort Dates:** January 30, 2016 and February 27, 2016
- **Spring Cohort Dates:** March 23, 2016 and April 20, 2016

**C13. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**

- Applications for cohort: **Winter Cohort:** Due date December 23, 2015
- Applications for cohort: **Spring Cohort:** Due date March 3, 2016

**C14. MAY I PARTICIPATE IN MORE THAN ONE COHORT PER FISCAL YEAR?**

- No

**C15. 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

**C16. 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

<b>Supplemental Application C: ExceleRate™ Illinois Cohort Application</b>	
Program Name	
Program (work site) Address:	
City:	State:                      Zip Code:                      County:
Program Administrator:	
What ExceleRate™ IL Circle of Quality are you working <input type="checkbox"/> towards/ <input type="checkbox"/> maintaining?	<input type="checkbox"/> Silver <input type="checkbox"/> Gold
Have you conducted a self-assessment of your program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your program currently working with a CCR&R Specialist?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your program: working <input type="checkbox"/> towards/ <input type="checkbox"/> maintaining accreditation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, circle which accreditation: NAFCC    NAEYC    NAC    AMS    COA Early Childhood    COA School Age	

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:

- If you have conducted a self-assessment, which tool(s) did you use? \_\_\_\_\_
- Of the following, rank topics in order of need. 1 being the greatest need:
 

___ Basic information on ExceleRate™ Illinois	___ Continuous Quality Improvement Plan
___ Silver Circle of Quality standards	___ Individual Professional Development Plan
___ Gold Circle of Quality standards	___ Selecting a curriculum
___ How to use an assessment tool	___ Accreditation
___ Credentials	___ Other: _____

#C9 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 (the form is available at [www.irs.gov](http://www.irs.gov))

***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™ Illinois Circle of Quality may apply for an ExceleRate™ Illinois training stipend. The stipend applies only to the required training within the ExceleRate™ Illinois 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™ Illinois Circle of Quality
- Staff of licensed programs pursuing an ExceleRate™ Illinois Bronze, Silver or Gold Circle of Quality
- Staff is defined as
  - for Centers: program administrator and teacher. *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). *Teacher* is defined as Lead Teacher, Teacher, Director/Teacher (when spending 50% or more time in teaching role)
  - for Family Child Care: the primary care provider and FCC assistant

### D2. ARE THERE SPECIFIC REQUIREMENTS?

- Training must occur during the current fiscal year (July 1 – June 30)
- 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™ ILLINOIS STIPEND?

- Training topics or specific titles that are noted on an ExceleRate™ Illinois Circle of Quality are eligible for the training stipend. For a list of these training topics/titles, please refer to the training grids at <http://www.exceletrateillinoisproviders.com/docman/resources/24-training-requirement-grid/file>

### 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 one teacher (center staff) per classroom. 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.exceletrateillinoisproviders.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.
- Teacher – not necessarily. If there are co-teachers in a room, the program may opt to have each co-teacher take some of the training.
- 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™ Illinois 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.childcarehelp.com](http://www.childcarehelp.com)
- 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 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 costs associated with staff maintaining required ExceleRate™ Illinois 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 (the form is available at [www.irs.gov](http://www.irs.gov))

**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 fiscal year. The year-end date for CCR&R to receive an application for the Training Stipend is May 16, 2016.

**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™ Illinois 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™ Illinois 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"/> Teacher/ Classroom: _____ <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"/> 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		
TOTAL # OF CONTACT HOURS THIS PAGE				
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 (the form is available at [www.irs.gov](http://www.irs.gov)) – 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™ Illinois 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  | 1-800-359-3817 |
| • National Accreditation Commission for Early Care & Education Programs (NAC) | www.naccp.org  | 1-800-537-1118 |
| • National Association of Family Child Care (NAFCC)                           | www.nafcc.org  | 1-800-359-3817 |
| • American Montessori Society (AMS)   | www.amshq.org  | 1-212-358-1250 |
| • Council on Accreditation (COA) – Early Childhood or School Age              | www.coanet.org | 1-212-797-3000 |

**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 (the form is available at [www.irs.gov](http://www.irs.gov))

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

- Accreditation Applications may be submitted at any time during the fiscal year however, the CCR&R must receive all Accreditation Assistance applications by May 16, 2016.

**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:	State:	Zip Code:	County:
What ExceleRate™ IL Circle of Quality are you working towards/maintaining? <input type="checkbox"/> Silver <input type="checkbox"/> Gold			
Please indicate: <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Renewing Accreditation			

*\*Please note – with some accreditation processes cost varies due to program capacity.  
For actual cost, visit the accrediting body's website.*

Total Amount(s) Requested	CCRR Max	Actual Cost of Accreditation
<b>National Association of the Education of Young Children (NAEYC)*</b>		
<input type="checkbox"/> Step 1: Enrolling in self- study	80% of actual cost	\$
<input type="checkbox"/> Step 2: Becoming an applicant		\$
<input type="checkbox"/> Step 3: Becoming a candidate		\$
<input type="checkbox"/> Annual Report Fee		\$
<input type="checkbox"/> Intent to Renew		\$
<input type="checkbox"/> Renewal Material Form Fee		\$
<b>National Accreditation Commission (NAC) for Early Care &amp; Education Programs*</b>		
<input type="checkbox"/> Self- Study Enrollment	80% of actual cost	\$
<input type="checkbox"/> Verification Fee		\$
<input type="checkbox"/> Annual Report Fee		\$
<b>National Association of Family Child Care (NAFCC)</b>		
<input type="checkbox"/> Self-study Step	80% of actual costs	\$
<input type="checkbox"/> Application Step		\$
<input type="checkbox"/> Annual Renewal Fee		\$
<b>American Montessori Society (AMS)</b>		
<input type="checkbox"/> Information Packet	80% of actual costs	
<input type="checkbox"/> Application Form		
<input type="checkbox"/> Self-Study Report/Review Fee		
<b>Council on Accreditation (COA)* Early Childhood / School Age</b>		
<input type="checkbox"/> Application Fee	80% of actual cost	
<input type="checkbox"/> Accreditation Fee		
<input type="checkbox"/> Site Visit Costs		
<b>TOTAL ACTUAL COST</b>		<b>\$</b>
<b>TOTAL REQUEST - 80% of actual cost</b>		<b>\$</b>
To calculate 80 %: actual cost _____		_____ x 0.80 = _____

**#E3 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 (the form is available at [www.irs.gov](http://www.irs.gov))

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

\_\_\_\_\_ date