# Quality Improvement Funds | FY26

## Guidelines & Applications
## Child Care Program Quality Improvement

**Child Care Resource & Referral of Midwestern Illinois**
**3800 Avenue of the Cities, Suite 102 Moline, IL 61265**
**(309) 205-3070**

July 1, 2025– June 30, 2026

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 Child Care Resource & Referral of Midwestern Illinois. 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

| | |
|---|---|
| **Basic Eligibility for all Quality Improvement Funds** | The child care program must:<br>1. be listed on the local Child Care Resource & Referral (CCR&R) provider database and has completed annual Provider Database update requirements (Complete Update, and referral status confirmation) at time of application<br>2. currently be providing child care services in one of the following Illinois counties: Rock Island, Mercer, Henry, Henderson, Warren, Knox, McDonough<br>3. be a current member (Provider/Staff) of the IL Gateways to Opportunity Registry.<br>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 Programs** | 1. Programs currently caring for children whose care is paid for by the IDHS-DEC's Child Care Assistance Program (CCAP), with greater priority given to those with 50% or more of their enrollment consisting of IDHS-DEC CCAP funded children<br>2. Programs that are full year (at least 47 weeks)/full day (at least 8 hours)<br>3. Programs that are currently caring for infants and toddlers<br>4. For **ExceleRate IL Cohort – first time applicant programs are a priority for cohort participation**<br>5. Programs that have not received QI Funds in the last three grant years (FY25, FY24 or FY23). |
| **Basic Expectations** | 1. Program leadership and staff must be committed to and actively participate in the process.<br>2. Must agree to meet and actively work with the Quality and/or the Infant Toddler Specialist (see B9).<br>3. Program must develop a Continuous Quality Improvement Plan (CQIP).<br>4. Agree to the terms of the QI Funds as described in the Guidelines & Application document.<br>5. **Programs must attain a Silver or Gold Circle of Quality within three cohort cycles.** Programs that do not meet this requirement will not be eligible to participate in future cohorts for a period of three years or until a Silver or Gold Circle is attained. |

***Abbreviations:*** ***O FCC = family child care*** ***O LFCC = Licensed family child care*** ***O FGH= family group home*** ***O CC = child care***

| **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 of Quality** | ExceleRate™ Illinois<br>Silver, Gold | ExceleRate™ Illinois<br>Bronze, Silver, Gold | ExceleRate™ Illinois<br>Silver, Gold |
| **Specific Requirements and Expectations**<br><br>***For the definition of "working towards/ maintaining" see B8*** | 1. **Centers** must be working towards/maintaining an ExceleRate™ IL Silver or Gold Circle of Quality under the child care path.<br>**LFCC/FGH** must be working towards/ maintaining an ExceleRate™ IL Silver or Gold Circle of Quality under the LFCC path.<br>2. Attend and participate in the cohort meetings<br>3. Self-assessment: If maintaining an ExceleRate Circle, must have completed within the last 6 months. If working towards ExceleRate application, must be willing to complete as part of cohort participation.<br>4. Meetings: If maintaining an ExceleRate Silver or Gold circle, must meet with a Quality and/or Infant Toddler Specialist at least two (2) times, if working towards an ExceleRate Silver or Gold Circle, must meet with a Quality and/or Infant Toddler Specialist at least four (4) times. | 1. **Centers** must be working towards/maintaining ExceleRate™ IL under the child care path.<br>**LFCC/FGH** must be working towards/ maintaining ExceleRate™ IL under the LFCC path.<br>2. Training must be required for an ExceleRate™ IL Circle of Quality and must be ExceleRate™ approved.<br>3. A stipend is only available for the minimum staff required to take the training for ExceleRate™ IL<br>4. Training participants must be currently employed at the child care program<br>5. Must meet with a Quality and/or Infant Toddler Specialist two times if working towards ExceleRate IL; must meet with a Quality and/or Infant Specialist once if maintaining ExceleRate IL | 1. **Programs** must be applying for or maintaining an ExceleRate™ IL Silver or Gold Circle of Quality.<br>2. Must meet with a Quality and/or Infant Toddler Specialist two times if working towards ExceleRate IL; must meet with a Quality and/or Infant Specialist once if maintaining ExceleRate IL |

| | | | |
|---|---|---|---|
| **Funding** | 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 |
| **Funding Range** for the Fiscal Year (July - June). ***The allowable funding applies for any combination of QI Funds.*** | | | |
| 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 $5000 |
| | | 101 or more | Up to $8000 |

## 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**

| Working Towards | Maintaining |
|---|---|
| Completed *Orientation to ExceleRate IL* training or currently hold an ExceleRate Bronze Circle of Quality | Currently hold an ExceleRate IL Circle of Quality (Silver or Gold) |
| Be willing to complete a self-assessment as part of cohort participation | Completed self-assessment within last six (6) months |
| Be willing to sign a consultation agreement with CCR&R Quality Specialist and/or Infant Toddler Specialist | Have a signed consultation agreement in place with CCR&R Quality Specialist and/or Infant Toddler Specialist |

**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 cohort component, a minimum of two (2) meetings for programs maintaining an ExceleRate Silver or Gold Circle, and four (4) meetings for programs working towards an ExceleRate Silver or Gold Circle. For the Training Stipend and Accreditation Assistance component, at a minimum two (2) meetings for those working towards an ExceleRate IL Circle of Quality and one meeting for those maintaining an ExceleRate IL Circle of Quality . During the meetings, 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 ***cohort component*** will need to be repaid at a pro-rated amount. In some cases, Child Care Resource & Referral of Midwestern Illinois 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 Child Care Resource & Referral of Midwestern Illinois 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 Child Care Resource & Referral of Midwestern Illinois 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?**

- **Child Care Resource & Referral of Midwestern Illinois**
  **3800 Avenue of the Cities, Suite 102 / Moline, IL 61265**
  **ATTN: McKenzie Brotherton / mbrotherton@salcommunityservices.org**

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

- Only completed applications will be considered.
- Applicants must use the provided application for July 2025– June 2026.
- 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.

**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 October 7th, 2025 5:30-6:30 (Zoom) OR October 14th, 2025 2:00-3:00PM (Zoom)

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

- **McKenzie Brotherton / (309) 205-3070, ext. 4010 / mbrotherton@salcommunityservices.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).*

S-A-L COMMUNITY SERVICES
Child Care Resource and Referral of Midwestern Illinois

**Child Care Resource & Referral of Midwestern Illinois**
**3800 Avenue of the Cities, Suite 102**
**Moline, IL 61265**

July 1, 2025– June 30, 2026

- ➔ 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.

### STEP 1: 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? ☐ Yes ☐ No<br>Has the program completed required annual update and/or Market Rate Survey Yes No | | | | | |
| | Is the program full year (at least 47 weeks)/full day (at least 8 hours)? ☐ Yes ☐ No | | | | | |
| 1B | Program must check a provider type, list DCFS license # and expiration date, enter program capacity and if applicable, accreditation entity | | | | | |
| | ☐ Center | ☐ Family Child Care | ☐ Group FCC | ☐ Head Start | ☐ School Age Program | |
| | DCFS License #: _____ Expiration date: _____ | | | | | |
| | If applicable, program is accredited by: ☐ NAEYC + ☐ NAC ☐ NAFCC ☐ NECPA ☐ Cognia ☐ AMS ☐ COA | | | | | |
| 1C | Age Groups:<br>Currently providing care for:<br>(Check all that apply) | ☐ Infants<br>6 wks–14 months | ☐ Toddlers<br>15–23 months | ☐ Twos<br>24–35 months | ☐ Preschool<br>3–5 years | ☐ School Age<br>K–12 years |
| | Capacity | | | | | |
| | Current Enrollment | | | | | |
| | **CC Centers**: enter the # of classrooms for age group: | ___ classrooms | ___ classrooms | ___ classrooms | ___classrooms | ___classrooms |
| 1D | **Indicate date attended/completed (mm/dd/yyyy):** | | | | | |
| | **CHILD CARE CENTERS**<br>*ExceleRate™ IL Orientation* _____<br>***An *Introduction to Environment Rating Scales*_____ or How ERS Works | | **FAMILY CHILD CARE**<br>*ExceleRate™ IL Orientation for LFCC:* _____<br>* An *Introduction to ERS/Family Child Care Environment Rating Scale* _____ Or How ERS Works | | | |
| | **Does not apply to programs that are currently accredited or working towards accreditation*<br>****An Introduction to ERS(training offered 2007-June 2005) or How ERS Works (2025).* | | | | | |

***Quality Improvement Funds Application Form***

| | | |
|---|---|---|
| 1E | *ExceleRate™ IL* circle program is ***currently at***:<br>☐ Licensing ☐ Bronze ☐ Silver ☐ Gold ☐ NA | *ExceleRate™ IL* circle program is ☐***working towards*** ☐ ***maintaining***:<br>☐ Silver ☐ Gold |

1F

Does your program currently care for children whose care is paid for by the IDHS Child Care Assistance Program? ☐ Yes ☐ No

Have the *Program Administrator/Primary LFCC provider* 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 **DIVIDED** by Current total Enrollment **MULTIPLIED** by 100 **EQUALS** Percentage of Children Receiving IDHS Assistance. (FCC providers: include your own children, under age 13, in enrollment)

_____ ÷ _____ **X 100 =** _____ **%**
***# of IDHS children*** ***Current Total Enrollment*** ***Percentage of IDHS Children***

## STEP 2: Funding Request

2A

Request is being made for:

| | | |
|---|---|---|
| ☐ Cohort Participation<br>*Complete Supplemental Application C* | ☐ Training Stipend<br>*Complete Supplemental Application D* | ☐ Accreditation Assistance<br>*Complete Supplemental Application E* |

2B

If only partial funds are available, will you complete the activity? ☐ Yes ☐ No

Are you receiving additional funding from another source to assist with requested items/training/accreditation? (e.g. SAM 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:

_____ $_____

_____ $_____

_____ $_____

## STEP 3: Payment Information

Requesting payment be made to:

- Cohort – see question C15 for payment method
- Training Stipend – All payments are made directly to the child care program
- Accreditation Assistance ☐ Child care program ☐ Accrediting body

3

Check Payable To: (*if payment is being made to a child care program, this must match Box 1 of the W9)*

_____

Address City: State: Zip Code:

_____

(**REQUIRED**): Applicant ☐ Social Security Number or ☐ 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 #C7, 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 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 ☐ Cohort $_____ ☐ Training Stipend $_____ ☐Accreditation$_____ TOTAL $_____ | | |
| Approved for ☐ Cohort $_____ ☐ Training Stipend $_____ ☐Accreditation $_____ TOTAL: $_____ | | |
| ☐ Pending Date/Reason | | |
| ☐ Communicated with applicant Date / 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 Silver and Gold 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)
- ○ Consumable items (e.g., paint, food, cleaning supplies, etc.)
- ○ Used equipment
- ○ Screen devices for children under 2
- ○ Motorized riding toys
- ○ Items from a 3rd party purchase
- ○ Items that restrict child mobility
- ○ Developmentally inappropriate items

- On-going per child costs associated w/assessment tools
- Cosmetic improvements to the facility, decks
- Staff training
- Fire doors
- Please note: e-learning materials should be discussed with your local school district

- ○ Consultants, Mentors, Coaches
- ○ Appliances
- ○ Sprinkler systems

**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 no later than December.

**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 **October 17th, 2025**

**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?**

a) Pay vendor directly for approved provider expenditures
b) Reimburse provider upon receipt of expenditure documentation

| **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 before? ☐ YES ☐ NO If yes, What year(s)? | | | |
| What ExceleRate™ IL Circle of Quality are you ☐working towards or ☐ maintaining? | | | ☐ Silver ☐ Gold |
| If **maintaining** 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 ☐ Cognia ☐ AMS ☐ COA | | | |

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

List up to five (5) areas where you would like to see quality improvements in your program:

_____

_____

_____

_____

_____

_____

_____

***Supporting Documentation: See # C7***

***As the program administrator, I agree to complete all 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 (LFCC): the primary care provider and LFCC assistant

**D2. ARE THERE SPECIFIC REQUIREMENTS?**

- Training must occur during the current fiscal year (7/1/25-6/30/26)
- 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 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 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.

**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 - https://www.excelerateillinoisproviders.com/resources/standard-and-evidence-requirements
-

**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 https://www.childcareillinois.org/
- Training information may be found at the statewide training calendar 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 Child Care Resource & Referral of Midwestern Illinois 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 29, 2026**

**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 Licensed Family Child Care Primary Caregiver

| | | | |
|---|---|---|---|
| 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 # | ☐ Program Administrator<br>☐ Teaching Staff<br>☐ Teacher ☐ Assistant<br>☐ LFCC provider<br>☐ LFCC Assistant |
|---|---|---|
| Current Credential: check all that apply – indicate level<br>☐ IDC ___; ☐ ECE____; ☐ ITC ____; ☐ FCC____; ☐ Other _____; ☐ NA | | |

| TRAINING DATE | TRAINING TITLE / LOCATION | TYPE | CONTACT HOURS |
|---|---|---|---|
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| | | ☐face to face<br>☐on-line | |
| **TOTAL # OF CONTACT HOURS THIS PAGE** | | | |
| **Requests this page: _____ total of contact hours x $10** | | | $ |

***Supporting Documentation: See #D14***

***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) 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
- Cognia www.cognia.org
- American Montessori Society (AMS) www.amshq.org
- Council on Accreditation (COA) – Early Childhood 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 29, 2026**

**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)** | | | **80% of the actual cost** |
| ☐ 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** | | |
| ☐ Self-Study Enrollment | $ | |
| ☐ Verification Fee | $ | |
| ☐ 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 | | |
| **Cognia** (fee only, no travel expenses) | | |
| ☐ Preparation and Self-Assessment | $ | |
| ☐ Engagement Review | $ | |
| **Council on Accreditation (COA) Early Childhood** | | |
| ☐ Application Fee | $ | |
| ☐ Accreditation Fee | $ | |
| ☐ Site Visit Costs | $ | |
| **TOTAL ACTUAL COST** | | |
| **TOTAL REQUEST - 80% of actual cost To calculate 80 %: actual cost_____ x 0.80** | | |

***Supporting Documentation: See #E3***

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

_____***Program Administrator's Signature*** _____ ***Date***

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# 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.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

**Print or type.** See ***Specific Instructions*** on page 3.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

**5** Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

___ – ___ – ____

**or**

**Employer identification number**

__ – _____

## Part II Certification

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.

**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 provide your correct TIN. See the instructions for Part II, later.

**Sign Here** **Signature of U.S. person** **Date**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**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*.

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they