Guidelines & Applications
Child Care Program Quality Improvement

Community Child Care Connection, Inc. 2801 W. Lawrence Ave. Springfield, IL 62704

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 Community Child Care Connection. 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  Priority Programs   | <ol> <li>The child care program must:         <ol> <li>be listed on the local Child Care Resource &amp; Referral (CCR&amp;R) provider database and has completed annual Provider Database update requirements (Complete Update, and referral status confirmation) at time of application</li> <li>currently be providing child care services in one of the following Illinois counties: Christian, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, or Scott.</li> <li>be a current member (Provider/Staff) of the IL Gateways to Opportunity Registry.</li> <li>have no unpaid financial obligation to the CCR&amp;R agency or IDHS-DEC's Bureau of Subsidy Management or Bureau of Quality Initiatives</li> </ol> </li> <li>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</li> </ol> |   |  |  |  |
|--|---|---|--|--|--|
|  |   | r infants and toddlers applicant programs are a priority for coh  |  |  |  |
| Basic Expectations  Abbreviations:   | <ol> <li>Programs that have not received QI Funds in the last three grant years (FY25, FY24 or FY23).</li> <li>Program leadership and staff must be committed to and actively participate in the process.</li> <li>Must agree to meet and actively work with the Quality and/or the Infant Toddler Specialist (see B9).</li> <li>Program must develop a Continuous Quality Improvement Plan (CQIP).</li> <li>Agree to the terms of the QI Funds as described in the Guidelines &amp; Application document.</li> <li>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.</li> </ol>   |   |  |  |  |
|  | OFCC = family child care OLFCC = Licen  ExceleRate™ IL Cohort   |   | p home O CC = child care  Accreditation Assistance   |  |  |
| Component Provider Type  | Licensed CC Centers & LFCC  | ExceleRate™ IL Training Stipend  Licensed CC Centers & LFCC   | Licensed CC Centers & LFCC   |  |  |
| Circle of Quality  Specific Requirements and Expectations  For the definition of "working towards/ maintaining" see B8 | ExceleRate™ Illinois Silver, Gold  1. Centers must be working towards/maintaining an ExceleRate™ IL Silver or Gold Circle of Quality under the child care path. LFCC/FGH must be working towards/ maintaining an ExceleRate™ IL Silver or Gold Circle of Quality under the LFCC path.  2. Attend and participate in the cohort meetings 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.  | ExceleRate™ Illinois Bronze, Silver, Gold  1. Centers must be working towards/maintaining ExceleRate™ IL under the child care path.  LFCC/FGH must be working towards/ maintaining ExceleRate™ IL under the LFCC path.  2. Training must be required for an ExceleRate™ IL Circle of Quality and must be ExceleRate™ approved.  3. A stipend is only available for the minimum staff required to take the training for ExceleRate™ IL  4. Training participants must be currently employed at the child care program  5. Must meet with a Quality and/or Infant Toddler Specialist two times if working | <ul> <li>ExceleRate™ Illinois         Silver, Gold</li> <li>Programs must be applying for or         maintaining an ExceleRate™ IL Silver         or Gold Circle of Quality.</li> <li>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</li> </ul> |  |  |
|  | 4. Meetings: If maintaining an ExceleRate<br>Silver or Gold circle, must meet with a<br>Quality and/or Infant Toddler Specialist<br>at least two (2) times, if working<br>towards an ExceleRate Silver or Gold<br>Circle, must meet with a Quality and/or   | towards ExceleRate IL; must meet with a Quality and/or Infant Specialist once if maintaining ExceleRate IL  |  |  |  |

|                   | Infant Toddler Specialist at least four (4) times.   |                              |   |  |  |  |  |
|-------------------|--|------------------------------|---|--|--|--|--|
| 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 Rang      | Funding Range for the Fiscal Year (July - June). The allowable funding applies for any combination of QI Funds.  |                              |   |  |  |  |  |
| Provider Type     |  | Capacity                     | Funding Range                                       |  |  |  |  |
| Licensed Famil    | y Child Care   |                              | Up to \$1200  |  |  |  |  |
| Licensed Family   | y Group Home   |                              | Up to \$1500  |  |  |  |  |
|                   |  | 50 or less                   | Up to \$3000  |  |  |  |  |
| Child Care Center |  | 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 <i>Orientation to ExceleRate IL</i> 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, Community Child Care Connection may be able to recoup materials and equipment purchased with grant funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with **Community Child Care Connection** 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 Community Child Care Connection 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?**

**Community Child Care Connection** ATTN: Kayla Miller 2801 W. Lawrence Ave. Springfield, IL 62704

## Fax: 217-525-2894

Email: KMiller@4childcare.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 held November 17, 2025 from 6:00 PM – 7:30 PM via Zoom, please register online at: https://www.4childcare.org/training-calendar

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

Kayla Miller 217-525-2805 ext. 8330 KMiller@4childcare.org

The QI Funds application form (pages 7 - 9) 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).

**Community Child Care Connection** 2801 W. Lawrence Ave. Springfield, IL 62704

July 1, 2025- June 30, 2026





DIVISION OF EARLY CHILDHOOD

- → 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  | 1: Child Care Program Inf   | ormation               |               |          |                     |            |                |
|---|---|------------------------|---------------|----------|---------------------|------------|----------------|
|   | Program Name  |                        |               |          |                     |            |                |
|   | Program (work site) Address:  |                        |               |          |                     |            |                |
|   | City:   | State:                 | Zip Code:     |          | Count               | ty:        |                |
|   | Mailing address (if different):   |                        |               |          |                     |            |                |
| 1A  | Phone #: ( )  |                        |               | Fax #:   | ( )                 |            |                |
|   | Director/Administrator Name   | 2:                     |               | Email:   |                     |            |                |
|   | Is the program listed on the O  | CCR&R referral databas | se?           | •        | Yes No              |            |                |
|   | Has the program completed i   | equired annual update  | e and/or Ma   | rket Rat | e Survey Yes        | No         |                |
|   | Is the program full year (at le   | ast 47 weeks)/full day | (at least 8 h | ours)?   | Yes No              |            |                |
|   | Program must check a provider type, list DCFS license # and expiration date, enter program capacity and if applicable, accreditation entity |                        |               |          |                     |            | plicable,      |
| 1B  | Center  | Family Child Care      | Group         | FCC      | Head Sta            | art Scho   | ol Age Program |
|   | DCFS License #:   |                        | 1             | Expira   | tion date:          |            |                |
|   | If applicable, program is accre   | edited by: NAEYC       | + NAC         | □ NA     | AFCC NECPA          | Cognia Al  | MS COA         |
|   | Age Groups: Currently providing care for:   | ☐ Infants              |               | ers      | 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     |
| 10  | Capacity  |                        |               |          |                     |            |                |
|   | Current Enrollment CC Centers: enter the # of   |                        |               |          |                     |            |                |
|   | classrooms for age group:   | classrooms             | classro       | oms      | classrooms          | classrooms | classrooms     |
|   | Indicate date attended/com  | pleted (mm/dd/yyyy):   |               |          |                     |            |                |
| CHILD CARE CENTERS  ExceleRate™ IL Orientation or How ERS Works  CHILD CARE  FAMILY CHILD CARE  ExceleRate™ IL Orientation for LFCC:  * An Introduction to Environment Rating Scales or Rating Scale Or How ERS |   |                        |               |          | Family Child Care E | nvironment |                |
|   |   |                        |               | l        |                     |            |                |

|     | *Does not apply to programs that are currently accredited or working towards accreditation  |  |   |                     |  |  |  |  |
|-----|---|--|---|---------------------|--|--|--|--|
|     | *** An Introduction to ERS(training offered 2007-June 2005) or How ERS Works (2025).  |  |   |                     |  |  |  |  |
|     |   |  |   |                     |  |  |  |  |
| Qua | ality Improvement Funds Application Form  |  |   |                     |  |  |  |  |
|     | ExceleRate™ IL circle program is currently at:  | ExceleRate™ IL circle pr                       | ogram is $\square$ working tow  | ards 🗖 maintaining: |  |  |  |  |
| 1E  | Licensing Bronze Silver Gold NA   | Silver Go                                      | old   |                     |  |  |  |  |
|     | Does your program currently care for children whose care is   | paid for by the IDHS Ch                        | ild Care Assistance Prog  | ram? Yes No         |  |  |  |  |
| 1F  | Have the <i>Program Administrator/Primary LFCC provider</i> conchildren in your program receiving IDHS child care financial Financial Assistance <b>DIVIDED</b> by Current total Enrollment <b>M</b> Assistance. (FCC providers: include your own children, under | assistance. To calculate ULTIPLIED by 100 EQUA | : Total Number of children to the contract of | ren with IDHS       |  |  |  |  |
|     | # of IDHS children ÷ Current Total Enro   | X 100 =  | Percentage of IDHS Children   | _ %                 |  |  |  |  |
| STE | EP 2: Funding Request   |  |   |                     |  |  |  |  |
|     | Request is being made for:  |  |   |                     |  |  |  |  |
| 2A  | ☐ Cohort Participation ☐ Training Stipe  Complete Supplemental Application C Complete Supple  | end<br>mental Application D                    | Accreditation Assis Complete Supplemente  |                     |  |  |  |  |
|     | If only partial funds are available, will you complete the acti   | vity?  | Yes   | ☐ No                |  |  |  |  |
| 2B  | Are you receiving additional funding from another source to Project, United Way, NAEYC, Smart Start Transition Grants, If yes, list the source(s), the item/activity and amount:  |  | _   | ion? (e.g. SAM      |  |  |  |  |
| 26  |   |  | \$\$  |                     |  |  |  |  |
|     |   |  | ¢   |                     |  |  |  |  |
|     |   |  |   |                     |  |  |  |  |
|     |   |  | \$\$  |                     |  |  |  |  |
| STE | EP 3: Payment Information   |  |   |                     |  |  |  |  |
|     | Requesting payment be made to:  Cohort – see question C15 for payment method Training Stipend – All payments are made directly t Accreditation Assistance Child care program  | o the child care progran                       | n   |                     |  |  |  |  |
| 3   | Check Payable To: (if payment is being made to a child care i   | program, this must mate                        | ch Box 1 of the W9)   |                     |  |  |  |  |
|     | Address   | City:  | State: Z  | ip Code:            |  |  |  |  |
|     | (REQUIRED): Applicant Social Security Number or FE  | EIN Number:                                    |   |                     |  |  |  |  |

| Quality Improvement Funds Application Form   |                              |                            |                             |      |  |  |  |  |
|--|------------------------------|----------------------------|-----------------------------|------|--|--|--|--|
| STEP 4: Application Checklist and Au   | uthorization                 |                            |                             |      |  |  |  |  |
| ☐ 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). <i>Incom</i> | plete applications will be | returned.                   |      |  |  |  |  |
| $\hfill \square$ I signed and dated the application and the  | supplemental application     | tion(s).                   |                             |      |  |  |  |  |
| ☐ I have attached all the required supporting  | g documentation. (Ref        | er to the guidelines and a | pplications #C7, D14, E3)   |      |  |  |  |  |
| ☐ The payment information I have submitted   | d is correct.                |                            |                             |      |  |  |  |  |
| ☐ I have made a copy of this application for r   | 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       | r Signature (if applicable) | Date |  |  |  |  |
| CCR&R USE ONLY:  |                              |                            |                             |      |  |  |  |  |
| Date Received:   | Reviewed by:                 |                            | Complete? □Yes □No          |      |  |  |  |  |
| Request for  | ning Stipend \$              | 🗆 Accreditation\$          | TOTAL \$                    | _    |  |  |  |  |
| Approved for   | iining Stipend \$            |                            | TOTAL: \$                   | -    |  |  |  |  |
| ☐ Pending Date/Reason  |                              |                            |                             |      |  |  |  |  |
| □ Communicated with applicant Date / Message   |                              |                            |                             |      |  |  |  |  |
| ☐ Denied Date / Reason   | □ 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?**

| WHAT CAN I FUNDS DE USED FUR!                                       |   |
|---|---|
| <ul> <li>General operating expenses etc.)</li> </ul>                | O Consumable items (e.g., paint, food, cleaning supplies, |
| <ul> <li>Staff salaries/wages, benefits, bonuses</li> </ul>         | O Used equipment  |
| <ul> <li>Televisions, VCR, DVR, Video gaming systems</li> </ul>     | O Screen devices for children under 2                     |
| <ul> <li>Vehicles, vehicle repair</li> </ul>                        | O Motorized riding toys                                   |
| <ul> <li>Pools and pool equipment</li> </ul>                        | O Items from a 3 <sup>rd</sup> party purchase             |
| <ul> <li>Trampolines</li> </ul>                                     | O Items that restrict child mobility                      |
| <ul> <li>Service agreements (e.g., cell phone, internet)</li> </ul> | O Developmentally inappropriate items                     |

- On-going per child costs associated w/assessment tools
- Cosmetic improvements to the facility, decks
   O Consultants, Mentors, Coaches
- Staff training
   O Appliances
- Fire doors O 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.
- The first meeting for ALL cohort participants will be held on Tuesday, January 6<sup>th</sup> at 6:00 PM. In-person attendance is mandatory for this meeting.
- The remaining cohort meetings for all participants will fall on Thursday, January 22<sup>nd</sup> at 6:00 PM, and Thursday, February 5<sup>th</sup> at 6:00 PM

#### 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 December 4, 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?

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

| Supplemental Application C: ExceleRate™ Illinois Cohort Application  |                                    |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|
| Program Name   |                                    |  |  |  |  |  |
| Program (work site) Address:   |                                    |  |  |  |  |  |
| City: State: Zip Code: Count   | y:                                 |  |  |  |  |  |
| Program Administrator:   |                                    |  |  |  |  |  |
| Have you participated in an ExceleRate IL QI Cohort before? YES NO If yes, W   | /hat year(s)?                      |  |  |  |  |  |
| What ExceleRate™ IL Circle of Quality are you ☐working towards or ☐ 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 Cognia  | AMS COA                            |  |  |  |  |  |
|  |                                    |  |  |  |  |  |
| Supporting Documentation: See # C7   |                                    |  |  |  |  |  |
| As the program administrator, I agree to complete all the requirements of this improvement Funds guidelines.   | s program as stated in the Quality |  |  |  |  |  |
| Program Administrator's Signature  | 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
- - 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-evidencerequirements

#### 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.4childcare.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 Community Child Care Connection for information.

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

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

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

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

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

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

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

- Documentation of training attendance/completion
- Proof of Gateways 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.

| Program Name                                      | •   |                 |                |                  |   |           |
|---|---|-----------------|----------------|------------------|---|-----------|
| Program (work                                     | site) Address:  |                 |                |                  |   |           |
| City:   | State:  | Zip Code:       |                | County:          |   |           |
| What ExceleRa                                     | te™ IL Circle of Quality are you w  | orking towards? | Bronze         | Silver           | Gold                                    |           |
| Quality the p                                     | d is available for the minimum st<br>ogram is working towards/main<br>nly one staff member per form, co | taining.        | ke the trainin | g for ExceleRate | ™ IL based on the C                     | Circle of |
| TAFF MEMBER                                       |   | py ac necaca.   | REGI           | STRY ID #        | Program Admi                            |           |
|   | ial: check all that apply – indicate  |                 |                |                  | Teaching Staff Teacher A  LFCC provider |           |
| IDC;  | ECE;  | ;               | ;              | ∐ NA             | LFCC Assistant                          |           |
| RAINING TR  | AINING TITLE / LOCATION   |                 |                |                  | TYPE                                    | CONTAC    |
|   |   |                 |                |                  | 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                            |           |
|   |   |                 |                |                  | on-line                                 |           |
|   |   |                 |                |                  | face to face                            |           |
|   |   |                 |                |                  | on-line                                 |           |
| OTAL # OF CO                                      | NTACT HOURS THIS PAGE   |                 |                |                  |   |           |
| Requests this page: total of contact hours x \$10 |   |                 |                |                  |   | \$        |
|   | Supp  | oorting Docume  | ntation: See   | : #D14           |   |           |
| the Proaram                                       | Administrator, I confirm that   | the above staff | member att     | ended the train  | ning 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)

National Early Childhood Program Accreditation (NECPA)

Cognia

American Montessori Society (AMS)

• Council on Accreditation (COA) – Early Childhood

www.earlylearningleaders.org www.nafcc.org www.necpa.net www.cognia.org 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 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 Re                     | equest |                |               |
|---|--------|----------------|---------------|
| Program Name:   | -      | Program Capaci | ty:           |
| Program (work site) Address:  |        |                |               |
| City:   | IL     | Zip code:      | County:       |
| What ExceleRate™ IL Circle of Quality are you working towards/maintaining?  | Silver | Gold           | I             |
| Please indicate: Initial Accreditation Renewing Accreditation               |        |                |               |
| Accreditation Process   |        | Actual Cost    | CCR&R Max     |
| National Association of the Education of Young Children (NAEYC)             |        |                |               |
| ☐ 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   |        | \$             | 80% of the    |
| National Accreditation Commission (NAC) for Early Care & Education Programs |        |                |               |
| ☐ Self-Study Enrollment   |        | \$             | — actual cost |
| ☐ 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   |        |                |               |

# Quality Improvement Funds | FY26

| TOTAL REQUEST - 80% of actual cost   |      |  |  |  |  |
|--|------|--|--|--|--|
| Supporting Documentation: See #E3  |      |  |  |  |  |
| As program administrator, I confirm we are actively working towards/maintaining accreditation. |      |  |  |  |  |
| Program Administrator's Signature  | Date |  |  |  |  |

(insert W-9 form)