



Guidelines & Applications

Child Care Program Quality Improvement

Child Care Resource Service

905 S Goodwin, 314 Bevier Hall, Urbana, IL 61801

217-333-3252 or 800-325-5516

July 1, 2014 – June 30, 2015



Based on available funding, CCRS is offering funds to support continued quality improvement for child care programs. Quality Improvement Funds are designed to assist child care programs to improve program quality and achieve/advance an ExceleRate™ Illinois Circle of Quality or a Quality Counts Quality Rating System star level. Funds are provided by the Illinois Department of Human Services (IDHS).

The Quality Improvement Funds are divided into three areas:

1. Quality Rating & Improvement System (QRIS) Cohorts
 - a. ExceleRate™ Illinois (centers)
 - b. Quality Counts Quality Rating System (licensed family child care)
2. Training Stipends
3. Accreditation Assistance

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

- Section A Quality Improvement Funds Overview Chart
- Section B Frequently Asked Questions
- Section C Cohort Specific Information
- Section D Training Stipend Specific Information
- Section E Accreditation Specific Information
- Section F Applications

Section A: Overview

FCC = family child care

FGH= family group home

CC = child care

Basic Eligibility for all Quality Improvement Funds	1. Program must be listed on the local Child Care Resource & Referral (CCR&R) provider database 2. Must currently be providing Child Care services in Champaign, Douglas, Iroquois, Macon , Piatt, or Vermilion county 3. Have no unpaid financial obligation to CCR&R agency or IDHS Bureau of Child Care & Development		
Priority Programs	Programs currently caring for children whose care are paid for by the IDHS Child Care Assistance Program (CCAP), with greater priority given to those with 25% or more of their enrollment consisting of IDHS funded children Programs that are full year (at least 47 weeks)/full day (at least 8 hours) Programs that are currently caring for infants and toddlers		
	Quality Rating & Improvement System (QRIS) Cohort	Training Stipend	Accreditation Assistance
Open to / Circle of Quality or Star Level	CC Centers – ExceleRate™ Illinois Licensed, Silver, Gold	Licensed CC Centers Bronze, Silver, Gold	CC Centers Silver, Gold
	Licensed FCC – QRS 1, 2, 3, 4		Licensed FCC 3, 4
Specific Requirements/ Expectations	1. Program must be working towards/participating in – ExceleRate™ Illinois under the Child Care or Head Start/Early Head Start path / Quality Counts QRS (see B6) 2. Attend and participate in the cohort meetings 3. Complete a Self -Assessment Tool/Process 4. Work with a CCR&R Quality/ITCC Specialist 5. Develop a Continuous Quality Improvement Plan (CQIP)	1. Program must be working towards/participating in – ExceleRate™ Illinois under the Child Care or Head Start/Early Head Start path (see B6) 2. Training that is required for an ExceleRate™ Illinois Circle of Quality and must be ExceleRate™ approved 3. Staff member must be a member of the Gateways Registry 4. A stipend is only available for the minimum staff required to take the training for ExceleRate™ Illinois	Centers/family child care must be applying for or maintaining a – ExceleRate™ Illinois Circle of Quality / Quality Rating System Star Level
Funding Amounts	Funding is determined 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
Maximums for the Fiscal Year (July 1- June30). <i>The maximum applies for any combination of Quality Improvement Funds.</i>			
Provider Type	Capacity	Maximum	
Licensed Family Child Care		Up to \$1200	
Licensed Family Group Home		Up to \$1500	
Child Care Center	50 or less	Up to \$3000	
	51-100	Up to \$6000	
	101 or more	Up to \$9000	

Section B: Frequently Asked Questions

B1. WHO CAN APPLY?

- Please refer to the chart in Section A: Overview

B2. WHAT ARE THE THREE AREAS OF THE QUALITY IMPROVEMENT FUNDS?

- Quality Rating & Improvement System (QRIS) Cohort – see Section C for details
 - Centers– ExceleRate™ Illinois
 - Licensed Family Child Care: Quality Rating System
- Training Stipends – see Section D for details
- Accreditation Assistance – see Section E for details

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

- Yes

B4. WHAT IS THE APPLICATION PROCESS?

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

B5. IF A PROGRAM RECEIVED A QUALITY COUNTS CHILD CARE GRANT OR PARTICIAPTED IN THE TRAINING GRANT LAST YEAR, CAN THEY APPLY FOR QUALITY IMPROVEMENT FUNDS?

- Yes, the Quality Improvement Fund program replaces the Quality Counts Child Care Grants program.

B6. WHAT IS MEANT BY “WORKING TOWARDS OR PARTICIATING IN” EXCELERATE™ ILLINIOS/QUALITY RATING SYSTEM?

- ExceleRate™ Illinois: A program must have at a minimum completed the *Orientation to ExceleRate™ Illinois* or currently hold an ExceleRate™ Illinois Circle of Quality.
- Quality Rating System (licensed family child care): A program must have at a minimum completed the *Quality Counts QRS Orientation* or currently hold a QRS Star Level.

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 THE DEADLINE FOR SUBMITTING MY APPLICATION?

- See each section for submission deadlines.
- Year- end deadline: applications and all supporting documentation must be received at CCRS by **May 14, 2015**

B9. WHAT ARE THE GRANT FUNDING AMOUNTS?

- Please refer to the Overview Chart in Section A.
- Please note that maximums are for any combination of Quality Improvement Funds.

B10. HOW IS PAYMENT MADE?

- Please see the specific section for payment information.

B11. DO THE FUNDS NEED TO BE REPAID?

- This is a grant program, which means funds do not generally need to be paid back. However, the grant funds come from the State of Illinois, and certain policies and procedures must be followed.

- If a program goes out of business within two years of the grant award, funds will need to be repaid at a pro-rated amount. In some cases **CCRS** 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 **CCRS** regarding return of funds.
- In the event that payment is made for an accreditation process and the program withdraws or does not complete the process, the child care program will need to work with **CCRS** regarding the return of funds.

B12. DO GRANT FUNDS NEED TO BE REPORTED AS INCOME?

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

B13. WHERE ARE APPLICATIONS SUBMITTED?

- **Child Care Resource Service**
ATTN: QI Funds – Tina Wiegel
905 S Goodwin, 314 Bevier Hall, Urbana, IL 61801

B14. WHAT ELSE DO I NEED TO KNOW?

- Only completed applications will be considered.
- Applicants must use the provided application for July 2014– June 2015.
- Faxed/electronic applications will not be accepted.
- Funding is limited and not guaranteed.
- Partial funding may be awarded.
- Payment cannot be made until a complete application and all required documents are received.

B15. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:

- **Tina Wiegel** - 217-244-7539 / twiegel@illinois.edu
- **Jenny Garinger** – 217-333-7816 / garinger@illinois.edu

Section C: Quality Rating & Improvement System 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 / maintaining an ExceleRate™ Illinois Circle of Quality (centers)/Quality Rating System (QRS) Star level (family child care). Upon completion of the cohort requirements/expectations and the program's self-assessment, as applicable programs may request funds to help achieve objectives noted on the program's Continuous Quality Improvement Plan (CQIP).

C1. WHO CAN PARTICIPATE IN THE COHORT?

- A program administrator is required to attend. For agencies with more than one child care program, an administrator from each site is required to attend. Program Administrator is defined as the person responsible for the on-site day to day operation of the child care program.
- Teachers from a child care program that is working towards improving the quality of care, and working towards/maintaining an ExceleRate™ Illinois Circle of Quality
- Based on provider applications, the CCR&R may need to limit the number of staff attending from one program
- Family Child Care providers that are working towards/maintaining a Quality Rating System Star Level

C2. WHAT ARE THE COHORT TOPICS?

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

C3. WHAT ASSESSEMENT TOOLS AND NATIONAL ACCREDITATIONS MAY BE COVERED IN A QRIS COHORT?

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

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?

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

C7. SUPPORTING DOCUMENTATION

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

- A copy of the ExceleRate™ Illinois / Quality Counts QRS certificate, if applicable
- Banner Vendor ID form

C8. WHAT CAN FUNDS BE USED FOR?

- Materials and equipment to meet the ExceleRate™ Illinois Circle of Quality standards /Quality Rating System 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
- Consumable items (e.g., paint, paper, food)
- Used equipment
- Screen devices for children under 2
- Motorized riding toys
- items from a 3rd party purchase

- Trampolines
- Service agreements (e.g., cell phone, internet)
- Cosmetic improvements to the facility, decks
- Staff training
- Items that restrict child mobility
- Developmentally inappropriate items
- Non age appropriate items
- Consultants, Mentors, Coaches

C10. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?

- All applications must be received at CCRS by **November 28, 2014**

C11. MAY I PARTICIPATE IN MORE THAN ONE COHORT PER FISCAL YEAR?

- No

C12. WHAT ARE THE GRANT AMOUNTS?

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

C13. HOW ARE FUNDS PAID?

- Reimburse provider upon receipt of expenditure documentation

Section D: Training Stipends

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

D1. WHAT TRAINING IS APPROVED TO RECEIVE A STIPEND?

- The required training depends on the ExceleRate™ Illinois Circle of Quality. For a complete list of required training visit the Resources page at <http://www.exceleRateillinoisproviders.com/>

D2. WHICH STAFF ARE REQUIRED TO ATTEND TRAINING?

- This varies per training; however, it is either the Administrator or the Administrator and one Teaching Staff per classroom. Please refer to the Circle of Quality charts - <http://www.exceleRateillinoisproviders.com/>

D3. WHO MAY APPLY FOR A TRAINING STIPEND?

- Staff of licensed child care programs pursuing an ExceleRate™ Illinois Bronze, Silver or Gold Circle of Quality
- Staff is defined as program administrator and teacher. Program Administrator is defined as the person responsible for the on-site day to day operation of the child care program

D4. IS THERE A STAFF LIMIT?

- Centers may apply for the stipend based on the **minimum** training requirements listed on the Circle of Quality chart

D5. WHAT ABOUT ON-LINE TRAINING?

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

D6. ARE THERE SPECIFIC REQUIREMENTS?

- Training must be required for an ExceleRate™ Illinois Circle of Quality
- Training must be ExceleRate™ approved (face to face and on-line)
- Staff member must be a member of the Gateways Registry

D7. HOW DO I KNOW WHEN AND WHERE THE TRAINING SESSIONS ARE?

- Training sessions will be noted on your local CCR&R training calendar ccrs.illinois.edu
- Training information may be found at the statewide training calendar www.ilgateways.com

D8. WHAT IF A PROVIDER WANTS TO ATTEND A TRAINING THAT ISN'T REQUIRED FOR EXCELERATE™ ILLINOIS?

- Application may be made for Individual Professional Development Funds. Check with CCRS for information.

D9. 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 maximum amounts per program per fiscal year please see Section A: Overview Chart. Please note that the maximums are a combination of all three Quality Improvement Fund areas.

D10. WHAT DOES THE STIPEND COVER?

The stipend is designed ***to assist with*** costs associated with staff participating in required ExceleRate™ Illinois training including:

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

D11. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

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

- Documentation of attendance/completion
- Proof of Gateways Registry Membership for each staff member
- Banner Vendor ID form

D12. WHAT ARE THE DEADLINES FOR ME TO SUBMIT MY APPLICATION FOR A TRAINING STIPEND?

- Training Stipend Applications may be submitted at any time during the fiscal year.
- Please note the year-end deadline is May 14, 2014.

D13. HOW IS PAYMENT MADE?

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

Section E: Accreditation Assistance

Accreditation is a voluntary process that provides child care programs the opportunity to examine their services based on recognized standards of high quality. The Accreditation Assistance option is for child care programs that are applying for or maintaining an ExceleRate™ Illinois Silver or Gold Circle of Quality (centers)/ Quality Rating System Star Level (family child care).

E1. WHAT ACCREDITATIONS ARE APPROVED FOR FUNDING?

- | | | |
|---|--|----------------|
| • National Association for the Education of Young Children (NAEYC) | www.naeyc.org | 1-800-359-3817 |
| • National Accreditation Commission for Early Care & Education Programs (NAC) | www.naccp.org | 1-800-537-1118 |
| • National Association of Family Child Care (NAFCC) | www.nafcc.org | 1-800-359-3817 |
| • American Montessori Society (AMS) | www.amshq.org | 1-212-358-1250 |
| • Council on Accreditation (COA) – Early Childhood or School Age | www.coanet.org | 1-212-797-3000 |

E2. WHAT CAN FUNDS BE REQUESTED FOR?

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

E3. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

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

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

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

- Accreditation Applications may be submitted at any time during the fiscal year, please note the year-end deadline in B8

E5. WHAT ARE THE GRANT AMOUNTS?

- Please see the Overview Chart in Section A for funding maximums.
- Please note that the maximums are a combination of all three Quality Improvement Fund areas.

E6. HOW IS PAYMENT MADE?

- Programs will be notified in writing if the application has been approved or denied, and if approved, the amount in which the request was funded.
- Payment is done as a reimbursement to the child care program **OR**
- Checks will be made payable to the Accrediting body. The child care program will submit a check to CCRS for the balance of accreditation costs, the application and all required documentation for the accreditation process. CCRS will be responsible for submitting payment and documentation to the accrediting body.

Application Form

All applicants are required to complete this application **and** a supplemental application.



Child Care Resource Service

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217-333-3252 or 800-325-5516



July 1, 2014 – June 30, 2015

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

STEP1: Child Care Program Information					
1A	Program Name				
	Program (work site) Address:				
	City:	State:	Zip Code:	County:	
	Mailing address (if different):				
	Phone #: ()			Fax #: ()	
	Director/Administrator Name:			Email:	
	Is the program listed on the CCR&R referral database? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Is the program full time (at least 8 hours/day) and full year (at least 9 months per year)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1B	Type of Program: (check all that apply)				
	<input type="checkbox"/> Center	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Group FCC	<input type="checkbox"/> Head Start	<input type="checkbox"/> School Age Program
	<input type="checkbox"/> Licensed	DCFS License #: _____	Expiration date: _____	<input type="checkbox"/> License Exempt	Program Capacity: _____
	<input type="checkbox"/> NAEYC Accredited	<input type="checkbox"/> NAC Accredited	<input type="checkbox"/> NAFCC Accredited	<input type="checkbox"/> AMS Accredited	<input type="checkbox"/> COA Accredited
1C	Age group(s) your program is currently providing care for (check all that apply)				
	Age Groups:	<input type="checkbox"/> Infants 6 wks – 14 months	<input type="checkbox"/> Toddlers 15-23 months	<input type="checkbox"/> Twos 24-35 months	<input type="checkbox"/> Preschool 3-5 years
	# of classrooms / age group:	___ classrooms	___ classrooms	___ classrooms	___ classrooms
1D	Centers: List the date you attended/completed the <i>ExceleRate™ Illinois Orientation</i> _____(mm/dd/yy)				
	Family Child Care: List the date you attended/completed the <i>Quality Counts QRS Orientation?</i> _____(mm/dd/yy)				
1E	Indicate what circle/level your program is at currently :				
	<i>Child Care Centers:</i> ExceleRate™ IL: <input type="checkbox"/> Licensing <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> NA			<i>Family Child Care:</i> QRS Star Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	

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.
- I signed and dated the application and the supplemental application. (Refer to the guidelines and applications #C7, D11, E3).
- I have attached all the required supporting documentation.
- 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 center employees (if applicable) are not listed on the child abuse tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.

Program Administrator Signature (required) Date

Agency Administrator Signature (if applicable) Date

FOR CCR&R USE ONLY:

Date received: _____

Request for:

Cohort Training Stipend Accreditation

Reviewed by: _____ Date: _____

Pending date: _____ / reason: _____

Denied date: _____ / reason: _____

Approved date: _____ / Amount \$ _____

Banner ID _____ **Pay to** _____

Supplemental Application E: Accreditation Assistance Request			
Program Name:	Program Capacity*:		
Program (work site) Address:			
City:	State:	Zip Code:	County:
What Circle of Quality / Star Level are you working towards/maintaining?	ExceleRate™ IL <input type="checkbox"/> Silver <input type="checkbox"/> Gold	Quality Counts QRS <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Please indicate: <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Renewing Accreditation			

**Please note – with some accreditation processes cost varies due to program capacity.*

I am requesting Accreditation Assistance funds for the following:

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

Attach the required documentation noted in question # E3

Program Administrator Signature

Date