Based on available funding, CCRS is offering funds to support child care programs in the pursuit of Accreditation. Funds are provided by the Illinois Department of Human Services (IDHS).

1. **WHAT IS ACCREDITATION?**
   - Accreditation is a voluntary process that provides family child care homes, centers and school-age programs the opportunity to examine their services based on recognized standards of high quality.
   - Accreditation is offered through various agencies. IDHS has identified five processes for funding. For the approved accreditation processes and additional information on the accreditation processes, visit their websites listed in #3.

2. **WHO CAN APPLY?**
   - Child care programs including family child care, child care centers, and school-age programs.
   - The child care program must be listed on the Child Care Resource and Referral (CCR&R) referral database and must currently provide services in one of the following Illinois counties: Champaign, Douglas, Iroquois, Macon, Piatt, or Vermilion.
   - Applicants must meet the eligibility requirements of the accrediting body. For the eligibility requirements please refer to the appropriate website.

3. **WHAT ACCREDITATION PROCESSES ARE APPROVED FOR FUNDING? WHERE CAN I FIND ADDITIONAL INFORMATION ON ACCREDITATION?**
   - National Association of Family Child Care [www.nafcc.org](http://www.nafcc.org) 1-800-359-3817
   - National Association for the Education of Young Children [www.naeyc.org](http://www.naeyc.org) 1-800-424-2460
   - National Early Childhood Program Accreditation [www.necpa.net](http://www.necpa.net) 1-800-505-9878
   - Council on Accreditation / School-Age [www.coafterschool.org](http://www.coafterschool.org) 1-866-262-8088
   - National Accreditation Commission for Early Care & Education [www.naccp.org](http://www.naccp.org) 1-512-301-5557
   - A division of the National Association of Child Care Professionals

4. **WHAT CAN FUNDING BE REQUESTED FOR?**
   - Fees associated with the accreditation process as outlined in Step 2 of the application. These fees can include self-study books, application fees, validation visits, annual report fees, and accreditation renewal fees.
   - Funding may not be requested for cancellation fees, membership fees to a professional organization, or recognition events.

5. **WHAT ARE FUNDING MAXIMUMS?**
   - A maximum funding amount of 90% has been set for accreditation fees. The percentage to be funded is based on the actual cost of each accreditation fee.
   - See Step 2 of the application.

6. **WHAT IS THE APPLICATION PROCESS TO RECEIVE THIS FUNDING?**
   - Child care programs complete and submit an Accreditation Assistance Funds application and provide required supporting documentation.
   - As applications are received, priority is given to programs currently caring for children whose care is paid for through the Illinois Department of Human Services Child Care Assistance Program, with a greater priority to those with 25% or more of their enrollment consisting of IDHS funded children. However, you do not have to serve IDHS funded children to apply.

7. **WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**
   - Ongoing as funds allow. Yearend deadline: applications and all supporting documentation must be received at CCRS by Friday May 30, 2014.
8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?
   • Proof of payment to the accrediting body (if paid by child care program).
   • Copy of page 1 of the application for accreditation.
   • Timeline (see Step 4 of this application).
   • Banner Vendor Form (University of Illinois)

9. HOW IS PAYMENT MADE?
   • You will be notified in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.
   • Payments can be made and mailed directly to the accrediting bodies or to the child care program named in Step 3 (Payment Information Section) of this application.
   • Individuals/programs approved for funding will be responsible for W-9 documentation and taxes.

10. WHERE ARE APPLICATIONS SUBMITTED?
    • Attention Brenda, CCRS, 905 S. Goodwin, 314 Bevier Hall, Urbana, IL 61801

11. FOR MORE INFORMATION OR TO ANSWER YOUR QUESTIONS, PLEASE CONTACT:
    • CCRS, 217-333-3252 or 1-800-325-5516.

12. DO THESE 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.
    • In the event that payment is made for an accreditation fee, and the child care program withdraws from the process, the child care program will need to work with the CCRS regarding the return of funds.

13. WHAT ELSE DO I NEED TO KNOW?
    • Only completed applications will be considered.
    • Applicants must use the provided application for July 2013 – June 2014.
    • 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.
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.
Please refer to the Accreditation Assistance Funds Instructions & Requirements.

I am applying for funds for:  ☐ Accreditation  ☐ Accreditation Annual Report  ☐ Accreditation Renewal

### STEP 1: Program/Work Site Information

<table>
<thead>
<tr>
<th>Program Name</th>
<th>(if licensed, use the name as it appears on your license)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Site Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td>City:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

| Program Type | ☐ Center ☐ Family Child Care ☐ Group Family Child Care ☐ School-age ☐ Head Start ☐ Preschool for All |
| Status | ☐ License-Exempt ☐ Licensed / DCFS License Number/expiration |
| Total current enrollment in your program: | |

| What age group(s) does your program currently care for? (check all that apply) | |
| ☐ Infants (6 wks. – 14 mos.) | ☐ Toddlers (15 - 23 mos.) | ☐ Twos (24 - 35 mos.) | ☐ Preschool (3 - 5 yrs.) | ☐ School-age (K – 12 yrs.) |

Is the program currently accredited?  ☐ Yes ☐ No

- If yes, please list accreditation:
  
  | (list accreditation) | / | (expiration date) |

Is the program a Quality Counts: Quality Rating System (QRS) program?  ☐ Yes ☐ No

- If yes, circle Star Level
  ☐ 1 ☐ 2 ☐ 3 ☐ 4

- If no, do you intend to apply to the QRS?  ☐ Yes ☐ No

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

If yes, please have the Program Administrator 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)

\[
\frac{(\# \text{ of IDHS Children})}{(\text{Current Total Enrollment})} \times 100 = (\text{Percentage of IDHS Children})
\]
**STEP 2: Funding Request**

I am requesting funding for:

<table>
<thead>
<tr>
<th>Total Amount(s) Requested</th>
<th>Actual Accreditation Fee</th>
<th>Amount Requested (Must not exceed 90% of fee)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Association of Family Child Care (NAFCC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Self-study Step</td>
<td>$300</td>
<td>$</td>
</tr>
<tr>
<td>□ Application Step</td>
<td>$500</td>
<td>$</td>
</tr>
<tr>
<td>□ Annual Renewal Fee</td>
<td>$150</td>
<td>$</td>
</tr>
<tr>
<td><strong>National Association of the Education of Young Children (NAEYC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Step 1: Enrolling in self study</td>
<td>Program Capacity: $650</td>
<td>$</td>
</tr>
<tr>
<td>□ Step 2: Becoming an applicant</td>
<td>Program Capacity: $350</td>
<td>$</td>
</tr>
<tr>
<td>□ Step 3: Becoming a candidate</td>
<td>Program Capacity: $950</td>
<td>$</td>
</tr>
<tr>
<td>□ Annual Report Fee</td>
<td>$450</td>
<td>$</td>
</tr>
<tr>
<td><strong>National Early Childhood Program Accreditation (NECPA)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Application Fee</td>
<td>Program Capacity: $450</td>
<td>$</td>
</tr>
<tr>
<td>□ Verification Fee</td>
<td>Program Capacity: $1,250</td>
<td>$</td>
</tr>
<tr>
<td>□ Annual Report Fee</td>
<td>$275</td>
<td>$</td>
</tr>
<tr>
<td><strong>Council on Accreditation – School-Age (COA)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Application Fee</td>
<td>$250</td>
<td>$</td>
</tr>
<tr>
<td>□ Accreditation Fee</td>
<td>$2,400</td>
<td>$</td>
</tr>
<tr>
<td>□ Site Visit Fee</td>
<td>$1,100</td>
<td>$</td>
</tr>
<tr>
<td>□ Annual Report Fee</td>
<td>$200</td>
<td>$</td>
</tr>
<tr>
<td><strong>National Accreditation Commission for Early Care &amp; Education (NACCP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Self-study Enrollment</td>
<td>Program Capacity: $390</td>
<td>$</td>
</tr>
<tr>
<td>□ Validation Visit</td>
<td>Program Capacity: $1,350</td>
<td>$</td>
</tr>
<tr>
<td>□ Annual Report Fee</td>
<td>$245</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT REQUESTED** $ $

**STEP 3: Payment Information**

Send payment to: □ Accreditation Body □ Child Care Program/Provider

Make Check Payable To:

Address

City: State: Zip Code:

Applicant □ Social Security Number or □ FEIN Number (REQUIRED):
All applicants/programs must respond to the following questions. Your response may be printed or typed.

1) If only partial funds are available, will you complete the activity?  
   □ Yes  □ No

2) Are you receiving additional funding from any other source (e.g., SAM, United Way, NAEYC Scholarship)?  
   □ Yes  □ No
   If yes, please list source(s): ________________________________________________________________

3) Include a written timeline, with dates, that describes how you will reach your goal of accreditation.

STEP 5: Application Checklist and Authorization

☐ I completed all areas of the current application. If a question was not applicable I inserted N/A.
☐ I signed and dated my application.
☐ The payment information I have submitted is correct.
☐ I completed and attached my narrative responses.
☐ I have included required supporting documents (including the Banner Vendor Form –University of Illinois).
☐ I have made a copy of the application for my records.

I have completed all documentation that was requested in the guidelines. 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.

Applicant Signature: ___________________  Title: ___________________  Date: _____________

Payment cannot be made until a complete application and required documents are received.

Year-end deadline: Applications and all supporting documentation must be received at CCRS by Friday May 30, 2014.

Return application and all required documents to: Brenda Eastham, Child Care Resource Service  
905 S. Goodwin, 314 Bevier Hall  
Urbana, IL 61801

Office Use Only:
Received by Name: ____________________________________________
Date Received: ________________  □ First time application for current FY
☐ Pending  Date: ________________
☐ Denied  Date: ________________  Reason: ____________________________________________
☐ Approved  Date: ________________

Banner Vendor Number: ____________________________________________

Fund Number: ____________________________________________