

Applying for ExceleRate Illinois is your first step to participate in the state's new quality recognition and improvement system focused on continuous quality improvement. Illinois licensed child care centers throughout the state can use this application to apply for the Bronze, Silver or Gold Circle of Quality. Simply print out this document, identify the level you strive to achieve, fill in all five sections of this application and complete the appropriate supplement for the Circle of Quality you are targeting. Then mail the completed application and supplement to:

**ExceleRate Illinois**  
**1226 Towanda Plaza**  
**Bloomington, Illinois 61701**

Select the Circle of Quality for which you are applying. Be sure to include the appropriate supplement with your application.

- Bronze Circle of Quality** (no supplement is needed at Bronze, complete the Licensed Center Application only)
- Silver Circle of Quality**
  - Accreditation Path** (include Silver Circle of Quality Supplement – NAC Accreditation Path)
  - Assessment Path** (include Silver Circle of Quality Supplement – Assessment Path)
- Gold Circle of Quality**
  - Accreditation Path** (include Gold Circle of Quality Supplement – AMS, COA, NAC, AdvancED or NAEYC Accreditation Path)
  - Assessment Path** (include Gold Circle of Quality Supplement – Assessment Path)

## Section 1 - Contact Information

SITE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_ IDCFS LICENSE NUMBER \_\_\_\_\_

*Please include a copy of your IDCFS License with your application.*

IF SERVING CHILD CARE ASSISTANCE PROGRAM (CCAP) CHILDREN YOU MUST PROVIDE YOUR 15 DIGIT PROVIDER NUMBER(S) YOU RECEIVE PAYMENT UNDER. FAILURE TO PROVIDE THIS WILL RESULT IN MISSED ADD-ONS, IF AVAILABLE.

PROVIDER NUMBER(S) \_\_\_\_\_

*This number can be found directly after your name on the CCAP documentation.*

### On-Site Contact Person:

NAME \_\_\_\_\_

REGISTRY MEMBER ID \_\_\_\_\_ EMAIL \_\_\_\_\_

IDCFS LICENSE NUMBER \_\_\_\_\_



## Section 2 - Site Information

### Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

### Year Schedule: (check one)

- FULL YEAR (serving children at least 47 weeks)
- SCHOOL YEAR ONLY
- SUMMER ONLY
- OTHER PART YEAR (serving children less than 47 weeks, but not School Year Only or Summer Only)

### Check the box(es) for each source of funding that this site receives: (check all that apply)

- PARENT TUITION/FEES
- CHILD CARE ASSISTANCE PROGRAM (CCAP)
- HEAD START/EARLY HEAD START
- PREVENTION INITIATIVE (ISBE/CPS)
- PRESCHOOL FOR ALL (ISBE/CPS)
- DEPARTMENT OF FAMILY AND SUPPORT SERVICES (DFSS) CITY OF CHICAGO

Total # Classrooms At Site: \_\_\_\_\_

## Section 3 - Classroom Profiles

Please complete a profile, on the next two pages, for each classroom at the program site.

All information is required unless noted as optional.

**Please copy and attach additional classroom profiles as needed.**

### Definitions/Notes:

- Classroom Names should be recognizable as they will be referred to throughout the ExceleRate process, including assessments and annual renewals.
- Highest ratio means most number of children per teacher; lowest ratio means least number of children per teacher.
- Low Income – Eligible for the IDHS Child Care Assistance Program (CCAP), Free/Reduced Lunch, or the USDA Child and Adult Care Food Program.
- Full Time is considered 35 hours per week or more.
- Special Needs – A child with a diagnosed disability that has completed a formal assessment and is receiving (or is eligible for) early intervention services.
- Use the following roles: Director/Teacher, Teacher, Assistant Teacher, School-Age Worker, or School-Age Assistant.

IDCFS LICENSE NUMBER \_\_\_\_\_

**Classroom Profile:** Complete one for each classroom.

CLASSROOM NUMBER \_\_\_\_\_ CLASSROOM NAME \_\_\_\_\_

**Day Schedule:** (check one)

FULL DAY -OR-  FULL SCHOOL DAY -OR-  PART DAY

**Highest Ratio:** \_\_\_\_\_ : \_\_\_\_\_ **Lowest Ratio:** \_\_\_\_\_ : \_\_\_\_\_

**Please list all teaching staff in this classroom.**

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_ %OF TIME IN CLASSROOM \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_ LEAD TEACHER? \_\_\_\_\_

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_ %OF TIME IN CLASSROOM \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_ LEAD TEACHER? \_\_\_\_\_

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_ %OF TIME IN CLASSROOM \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_ LEAD TEACHER? \_\_\_\_\_

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_ %OF TIME IN CLASSROOM \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_ LEAD TEACHER? \_\_\_\_\_

Please complete information below on the children served in this classroom.

CLASSROOM NUMBER \_\_\_\_\_ CLASSROOM NAME \_\_\_\_\_

	Infants 0-14 mos.	Toddlers 15-23 mos.	Twos 24-35 mos.	Preschool Age 3 To K	School-age Kindergarten+
<b>All Children Served</b> (Full-Time + Part-Time = Total Enrolled)					
Enrolled Full-Time					
Enrolled Part-Time					
<b>Children Served by Program/Funding Stream</b>					
Parent Tuition/Fees Only					
CCAP Only					
Early Head Start (EHS) Only					
Head Start (HS) Only					
Prevention Initiative (PI) Only					
Preschool for All (PFA) Only					
Both EHS/PI					
Both HS/PFA					
Both CCAP & PI/PFA					
Both CCAP & EHS/HS					
CCAP & PI/PFA & EHS/HS					
IDCFS Child Care Vouchers					
Other _____					
<b>Children Served with Demonstrated High Need</b>					
Low Income					
Primary Language not English					
Special Needs					
Unduplicated Count*					
<b>Optional – Demographic Information</b>					
White/Caucasian					
Black/African American					
Hispanic/Latino					
Asian					
Native American/Alaskan					
Multi-Racial					
Other					
Unknown					

\* Unduplicated Count – Unduplicated number of children meeting one or more of the criteria of Demonstrated High Need

## Section 4 - Administrators

Complete this section for all Administrators at the program site. Use the following roles: Director, Assistant Director, Director/Teacher.

Full-Time is considered 35 hours per week or more.

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_

REGISTRY ID # \_\_\_\_\_ NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ FT-OR- PT \_\_\_\_\_

POSITION START DATE \_\_\_\_\_ POSITION ROLE \_\_\_\_\_

## Section 5 - Signature

I verify that I have read this paragraph and that all information provided herein is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted as part of this application. I understand that any false or misleading statements or subsequent documentation may constitute ground for denial. I understand if awarded an ExceleRate Circle of Quality, that information will be made publicly available and aggregated site information may be used for research/evaluation purposes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide a correct TIN to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.