

PROFESSIONAL DEVELOPMENT / PROGRAM IMPROVEMENT FUND APPLICATION (July 2009 – June 2010)



West Central Child Care Connection

I am applying for: Program Accreditation/Credential Funds
 Funds for Training/Workshop/Conference/Off-Site Training/Assessment Tools

Please refer to Professional Development/Program Improvement Funds Guidelines & Requirements for assistance in completing this application.
 Type or print using black ink.

STEP 1: Personal Information (home contact information)

Applicant First Name: _____ Applicant Last Name: _____
 Applicant Street Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Phone Number: () _____
 Email (optional): _____

Role: Center Director Center Teacher Center Assistant Teacher Family Child Care Owner Family Child Care Staff Other _____
 What age group do YOU currently provide care for? (Center staff check one primary age range; FCC providers check all that apply).
 Infants (6 wks. – 14 mos.) Toddlers (15 - 23 mos.) Twos (24 - 35 mos.) Pre School (3 - 5 yrs.) School Age (K – 12 yrs.) None (for program staff who do not directly work with children)

STEP 2: Program Information (complete the following for your current place of employment or family child care business)

Name of Business: (if applying on behalf of an association, use association name – if licensed, use the name as it appears on your license): _____
 Business Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____
 Phone Number: () _____ Fax Number: () _____
 What date did you begin employment at this site? Month: _____ Date: _____ Year: _____
 Address Preference: Use personal address Use program address
 Email Address: _____ Personal Program
 Program Type: Center Family Child Care Group Family Child Care
 Head Start Preschool for All Association (**skip to Step 3**)
 Status: License-Exempt Licensed _____ What is the total **current** enrollment in your program? _____
 DCFS License Number
 Infants (6 wks. – 14 mos.) Toddlers (15 - 23 mos.) Twos (24 - 35 mos.) Pre School (3 - 5 yrs.) School Age (K – 12 yrs.) None (for program staff who do not directly work with children)
 Does the program you work for 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 director* 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)

$$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{\%}$$

of IDHS Children Current Total Enrollment Percentage of IDHS Children



STEP 3: Funding Request Information (Select ALL that you are requesting funding for)

I am requesting Professional Development/Program Improvement Funds to: **(check (X) all that apply)**

REASON	TUITION	CREDENTIALING PROGRAM	WORKSHOP/ CONFERENCE/ OFF-SITE TRAINING	ACCREDITATION	ASSESSMENT TOOLS	ON-SITE IN-SERVICE/ GROUP TRAINER FEE
Implement better practices						
Meet DCFS training requirements						
Obtain qualifications for a new position						
To obtain a credential (new or renewal).						
Earn college coursework credit						
Increase my level to receive a Great START bonus						
Meet accreditation standards						
Assess a program						
Other _____						

INDIVIDUAL OPTIONS: (\$300 maximum annually) (Refer to Guidelines & Requirements, Page 1, #2, #3A)

A. TUITION (Refer to Guidelines & Requirements, Pages 1&2, #3A)

Name of college or university: _____

Name of course: _____ Course number: _____

Course start date: _____ Course end date: _____

Number of credits you expect to receive/received for this course? ____ Type of hours: Semester Hours Quarter Hours
 Type of credit: Undergraduate Graduate

Total Amount(s) Requested	\$	Max
<input type="checkbox"/> Tuition		(\$150 per course, \$300 annually)
<input type="checkbox"/> Required Books/Software		(\$100 per course)

B. CREDENTIALING PROGRAM (Please check category below) (Refer to Guidelines & Requirements, Page 2 B)

Total Amount(s) Requested	\$	Max
<input type="checkbox"/> Child Development Associate (CDA) Assessment Fee		(\$325)
<input type="checkbox"/> Child Development Associate (CDA) Second Setting		(\$225)
<input type="checkbox"/> Illinois Director Credential (IDC)		
<input type="checkbox"/> Gateways ECE Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Gateways Infant / Toddler Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Application Fee		(\$75)
<input type="checkbox"/> Transcript Evaluation/Review Fee		(\$350)
<input type="checkbox"/> Portfolio Assessment/Evaluation Fee		(\$150)
<input type="checkbox"/> Level Advancement Fee		(\$75)
<input type="checkbox"/> Certified Childcare Professional (CCP) Assessment Fee		(\$495)
<input type="checkbox"/> Credential Renewal Fee		(\$50)
<input type="checkbox"/> Credential Advisor (documentation needed from your advisor for hours spent providing services)		(\$300)
<input type="checkbox"/> CARE Courses		(\$300)
<input type="checkbox"/> Membership Fee (limited to CDA renewal candidates)		(\$50)

- If applying for a CDA, how many CDA content hours have you earned? _____
- If applying for a CDA Advisor please list his/her name _____

C. WORKSHOP/CONFERENCE/OFF-SITE TRAINING (Refer to Guidelines & Requirements, Page 2, C)

(Attach conference announcement and/or outline and description of conference).

Name of event: _____ Date(s) attending: _____

Location: _____ City: _____ State: _____

Number of training hours you expect to receive/received: _____

Type of credit: (Check all that apply): DCFS Clock Hours CEUs (Continuing Education Units) CDA Clock Hours (Child Development Associate) CPDUs (Continuing Professional Development Units) Other _____

Total Amount(s) Requested	\$	Max
<input type="checkbox"/> Workshop/Conference/Off-Site Training Registration Fee		(\$300)
<input type="checkbox"/> Lodging		(\$300)
<input type="checkbox"/> Mileage _____ miles x .40 (enter cents)		(\$200)
<input type="checkbox"/> Transportation		(\$150)
<input type="checkbox"/> Substitute Fees		(\$100)

PROGRAM / AGENCY OPTIONS: (Refer to Guidelines & Requirements, Page 1, #2)

D. ACCREDITATION (Please check category below) (Refer to Guidelines & Requirements, Page 3, D)

Total Amount(s) Requested	\$	Max
<input type="checkbox"/> NAFCC Self Study Step		(\$300)
<input type="checkbox"/> NAFCC Application Step		(\$500)
<input type="checkbox"/> NAFCC Re-Accreditation Step		(\$500)
<input type="checkbox"/> NAEYC Step 1: Enrolling in self study (Program Capacity _____)		(\$875)
<input type="checkbox"/> NAEYC Step 2: Becoming an applicant (Program Capacity _____)		(\$500)
<input type="checkbox"/> NAEYC Step 3: Becoming a candidate (Program Capacity _____)		(\$1250)
<input type="checkbox"/> NECPA Application Fee (Program Capacity _____)		(\$500)
<input type="checkbox"/> NECPA Verification Fee (Program Capacity _____)		(\$1350)
<input type="checkbox"/> COA Application Fee		(\$250)
<input type="checkbox"/> COA Accreditation Fee		(\$2400)
<input type="checkbox"/> COA Site Visit Fee		(\$1800)
<input type="checkbox"/> NAC Application Fee (Program Capacity _____)		(\$450)
<input type="checkbox"/> NAC Validation Fee (Program Capacity _____)		(\$1500)
<input type="checkbox"/> Accreditation Mini-Grant (equipment and materials)		\$500
<input type="checkbox"/> Accreditation Advisor (documentation needed from your advisor for hours spent providing services)		(\$300)
<input type="checkbox"/> Accreditation Annual Report Fee		(\$450)

E. ASSESSMENT TOOLS (Refer to Guidelines & Requirements, Page 3, E) Agencies/Programs may apply for funding to be used toward assessment tools, ERS resource materials, and/or advisor including:

Total Amount(s) Requested	\$	Max
<input type="checkbox"/> Family Child Care Environment Rating Scale – Revised (FCCERS-R)		(\$30)
<input type="checkbox"/> Infant/Toddler Environment Rating Scale (ITERS-R)		(\$30)
<input type="checkbox"/> Early Childhood Environment Rating Scale (ECERS-R)		(\$30)
<input type="checkbox"/> School Age Care Environment Rating Scale (SACERS)		(\$30)
<input type="checkbox"/> Program Administration Scale (PAS)		(\$30)
<input type="checkbox"/> Business Administration Scale (BAS)		(\$30)
<input type="checkbox"/> ERS Resource materials (e.g., books, VHS/DVD)		(\$60)
<input type="checkbox"/> Assessment Advisor (documentation needed from your advisor for hours spent providing services)		(\$300)

****Application submission does not guarantee that funds will be awarded****

GROUP OPTIONS: (\$300 per consultation, per program, annually)

F. ON-SITE IN-SERVICE/GROUP TRAINER FEE – attach brochure and/or outline and description of training

(Refer to Guidelines & Requirements, Page 3, F)

On-Site In-Service/Group Trainer Name: _____ Date of Event: _____

Topic Title: _____ Number of Training Hours: _____

Location: _____ City: _____ State: _____

Estimated number of participants: _____ Audience: (check all that apply) Staff Membership

Type of credit: (Check all that apply)

- DCFS Clock Hours CEUs (Continuing Education Units) CDA Clock Hours (Child Development Associate)
 CPDUs (Continuing Professional Development Units) Other _____

Total Amount(s) Requested	\$	Max
<input type="checkbox"/> On-Site In-Service/Group Trainer Fee		(\$300)
<input type="checkbox"/> Other (materials for training)		(\$300)

STEP 4: Payment Information (refer to Guidelines & Requirements, Page 4, #4)

Total Amount Requested: \$ _____

- Tuition Workshop/Conference/Off-Site Training On Site/In-Service/Group Trainer Fee
 Accreditation Credentialing Program Assessment

Name Made Payable To: _____

Address _____ City: _____ State: _____ Zip Code: _____

Payee Social Security Number or FEIN Number (REQUIRED): _____ Phone Number: _____

STEP 5: Narrative Requirements

All applicants/programs must respond in their own words to the following questions. If you answer yes to question two (2), please attach list of additional funding resources and explain how those funds support this activity. 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 funds from any other source to support this activity? Yes No (if yes, check all that apply)
 Gateways Scholarship United Way employer match SAM Program
 MAP PELL Other (please specify) _____
- 3) For **credential and accreditation funds**, please attach a written timeline that describes how you will reach your goal of credential and/or accreditation.
- 4) If you are requesting an **accreditation mini-grant**, please attach an itemized budget and explain how these items are relevant to the accreditation criteria.

STEP 6: 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 a copy of all receipts and certificate of completion (if applicable).

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 _____ Date _____

Director/Administrator Signature _____ Date _____

Pre-payment cannot be made until a complete application is received and/or Payment for reimbursement cannot be made until all required documents are received.

Applications are due by: 5-31-2010

Return application and all required documents to: West Central Child Care Connection
 510 Maine Room 610
 Quincy, IL 62301

PROFESSIONAL DEVELOPMENT / PROGRAM IMPROVEMENT FUND GUIDELINES & REQUIREMENTS (July 2009 – June 2010)



West Central Child Care Connection

Based on available funding, West Central Child Care Connection is offering funds to support individual pursuit of professional development and program improvement in early care and education and is supported through the Federal Child Care & Development Block Grant (CCDBG), administered through the Illinois Department of Human Services.

1. WHO CAN APPLY?

- Individual practitioners employed by center based programs and family home programs (including child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and their assistants) who currently provide care as defined by the Illinois Department of Children and Family Services (IDCFS) and are listed on the CCR&R database. Funds may also be used for support staff (driver, cook, janitor) when appropriate (e.g., food sanitation, CPR/First Aid courses).
- Center Directors, Association and Network leaders on behalf of child care practitioners.
- Practitioners who apply must currently provide services in Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike and Schuyler counties.

Priority will be given to programs currently caring for children whose care is paid for by the IDHS Child Care Assistance Program (subsidy), 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.

2. HOW CAN I APPLY?

Request(s) can be made from the 6 underlined areas listed below.

- **Individuals** can request funds for: Tuition, Workshop/Conference/Off-Site Training, Credentialing, and Assessment by completing and submitting a **Professional Development/Program Improvement Funds Application** in its entirety, according to the instructions, and provide all required documentation. (Relates to Application, Pages 2 & 3, Step 3, A-C).
- **Programs/Agencies** can request funds for Accreditation or Assessment by completing and submitting a **Professional Development/Program Improvement Funds Application** in its entirety, according to the instructions, and provide all required documentation. (Relates to Application, Page 3, Step 3, D).
- Directors and Association Leaders can request funding for On-Site/Group Trainer Fees on behalf of a **group**. Applying for On-Site/Group Training requires completing a **Professional Development/Program Improvement Funds Application**. In addition, **each individual attendee must complete and submit a Professional Development/Improvement Funds Participant Form** in its entirety, according to the instructions, and provide all required documentation. (Relates to Application, Page 4, Step 3, F)

****Application submission does not guarantee that funds will be awarded****

3. WHAT CAN I REQUEST FUNDING FOR?

A. Tuition (Relates to Application, Page 2, Step 3, A). Individual applicants may apply for funds to be used toward:

After funding approval, copies of course work completion must be submitted with a grade "B" or better to the CCR&R Program in order to be eligible for future funding through West Central Child Care Connection.



Tuition Funding	Maximum
Cost of tuition for two undergraduate or graduate level course per year. Courses in <u>Early Childhood, Child Development, or Child Care Services</u> only, and/or courses related to computer applications, i.e. excel, word, access, etc.	\$300 annually, \$150 per course
Books/software required for course	\$100 per course

B. Credentialing Programs (Relates to Application, Page 3, Step 3, B). Individual applicants may apply for these funds.

For more information on **CDA** call 1-800-424-4310, **IDC** call 1-800-863-0499, **CCP** call 1-800-543-7161. For more information on the field of early care and education you may also visit www.ilgateways.com. For a list of **CDA Advisors**, please call West central Child Care Connection.

After funding approval, you must submit proof of payment (cashier's check, cancelled check, invoice, etc.), along with proof the CDA Advisor meets the CDA Council eligibility criteria and if applicable, documentation from your Credential Advisor for hours spent providing consultation services. Documentation must be sent to the West central Child Care Connection to be eligible for future funding.

Credentialing Programs	Maximum
Child Development Associate (CDA)	
• Assessment	\$325
• Second Setting	\$225
Illinois Director Credential (IDC)	
Gateways ECE Credential (circle level) 2 3 4 5	
Gateways Infant / Toddler Credential (circle level) 2 3 4 5	
• Application Fee	\$75
• Transcript Evaluation/Review Fee	\$350
• Portfolios Assessment/Evaluation Fee	\$150
• Level Advancement Fee	\$75
Certified Child Care Professional (CCP)	
• Assessment Fee	\$495
Credential Renewal Fee	\$50
Credential Advisor (documentation needed from your Advisor for hours spent providing consultation services)	\$300
CARE Courses	\$300
Membership Fee (limited to CDA renewal candidates)	\$50

C. Workshop/Conference/Off-Site Training (Relates to Application, Page 2, Step 3, C). Individual applicants may apply for these funds:

Workshops, conferences or off-site training must be related to early care and education or management. For information on up-coming conferences please call 1-800-782-7318 or 217-222-2550. You may not request Professional Development Funds to attend a workshop, conference or off-site training in which the West Central Child Care Connection is the fiscal agent (i.e., registration fees are collected by the CCR&R).

After funding approval, receipts and a copy of the training certificate for the workshop(s) you were approved must be submitted within 30 days after the event as proof of agreed upon expenses to be eligible for future funding through West Central Child Care Connection.

Workshop/Conference/Off-Site Funding	Maximum
Workshop/Conference/Off-Site Training registration fees (Please attach a copy of the conference announcement and/or outline and description of the conference)	\$300
Transportation (mileage, train fare, etc.)	\$120-200
Substitutes (market rate)	\$100
Lodging (Maximum)	\$300

D. Accreditation (Relates to Application, Page 3, Step 3, D). Agencies/Programs may apply for this funding.

For more information on Accreditation log onto each programs website: www.nafcc.org, www.naeyc.org, www.necpa.net, www.coanet.org, www.naccp.org.

After funding approval, submit proof of payment (cashier's check, cancelled check, invoice, etc.) within 30 days of payment to West Central Child Care Connection to be eligible for future funding.

Accreditation Agencies		Maximum
NAFCC - National Association for Family Child Care		
• Self Study Step		\$300
• Application Step		\$500
• Re-Accreditation Step		\$500
NAEYC - National Association for the Education of Young Children		
• Step 1: Enrolling in Self Study	Program Capacity: _____	\$875
• Step 2: Becoming an applicant	Program Capacity: _____	\$500
• Step 3: Becoming a candidate	Program Capacity: _____	\$1250
NECPA National Early Childhood Program Accreditation		
• Application		\$500
• Verification Fee	Program Capacity: _____	\$1350
COA Council on Accreditation (School Age Accreditation)		
• Application Fee		\$250
• Accreditation Fee		\$2400
• Site Visit Fee		\$1800
NACCP National Accreditation Commission for Early Care & Education		
• Application		\$450
• Validation Fee		\$1500
Accreditation Mini-Grant (equipment & materials)		\$500
Accreditation Annual Report Fee		\$450
Accreditation Advisor (documentation needed from your Advisor for hours spent providing consultation services)		\$300

E. Assessment Tools (Relates to Application, Page 3, Step 3, E). Agencies/Programs may apply for funding to be used toward Assessment tools, ERS resource materials, and/or advisors including:

Assessment Tools	Maximum
Family Child Care Environment Rating Scale (FCCERS-R)	\$30
Infant/Toddler Environment Rating Scale – Revised Edition (ITERS-R)	\$30
Early Childhood Environment Rating Scale – Revised Edition (ECERS-R)	\$30
School Age Care Environment Rating Scale (SACERS)	\$30
Program Administration Scale (PAS)	\$30
Business Administration Scale (BAS)	\$30
ERS Resource Materials (books, VHS/DVD)	\$60
Assessment Advisor (documentation needed from your Advisor for hours spent providing consultation services)	\$300

F. On-Site In-Service/Group Trainer Fee (Relates to Application, Page 4, Step 3, F).

For this request, Directors or Association Leaders must submit a Professional Development/Program Improvement Funds Application – including goals, objectives and an outline for the training – on behalf of the group. In addition, upon completion of the event each individual attending must complete a Professional Development/Program Improvement Funds Participant Form. Applicants may apply for funds to be used toward:

- A presenter and/or consultant to provide on-site training and/or technical assistance to staff or association members. Funds are not available for a staff member to present within their own program. (Maximum \$300).

After funding approval, submit proof of payment for the presenter/consultant, a Professional Development Funds/Program Improvement Funds Participant Form, and a participant sign-in sheet within 30 days after the completion of the On-Site In-Service/Group Training to be eligible for future funding through the West Central Child Care Connection.

4. HOW IS PAYMENT MADE? (Relates to Application, Page 4, Step 4)

Payments can be made and mailed directly to Councils, Associations, individuals or early care and education programs named in Step 4 Payment Information section of your application. Individuals/programs that receive payment will be responsible for W-9 documentation and taxes. You will be notified in writing if your application has been approved or denied, the amount in which your request was funded and to whom the professional development check(s) were issued.

5. WHAT IF I HAVE QUESTIONS?

Need more information, contact West Central Child Care Connection at 1-800-782-7318 or 217-222-2550.

6. WHAT ELSE DO I NEED TO KNOW?

- **Only complete applications will be considered.**
- Priority will be given to applicants that serve 25% or more IDHS funded children.
- Applications will be considered on a first come, first serve basis, as funds are available.
- Funds cannot be used for the percentage that the Gateways Scholarship does not cover or items that the Gateways Scholarship is currently funding.
- Out-of-State requests for travel and/or conference fees are limited to within 50 miles of any Illinois state border.
- Funding will only be considered for applicants who have provided required documentation/receipts for any previous West Central Child Care Connection funded grant/program.
- Faxed applications will not be accepted.
- Funding is limited and not guaranteed.
- **Pre-payment cannot be made until a complete application is received and/or Payment for reimbursement cannot be made until all required documents are received.**
- Applications must be received by **5-31-2009** and submitted to:

West Central Child Care Connection
510 Maine Room 610
Quincy, IL 62301

7. BEFORE YOU SUBMIT YOUR APPLICATION:

- Step 1: _____ Complete all areas of the current application. If a question was not applicable insert N/A.
Step 2: _____ Sign and date the application.
Step 3: _____ Make sure the payment information you have submitted is correct.
Step 4: _____ Complete and attach your narrative responses.
Step 5: _____ Include a copy of all receipts and certificate of completion (if applicable).