

# PROFESSIONAL DEVELOPMENT FUNDS INSTRUCTIONS & REQUIREMENTS July 2011 – June 2012



## West Central Child Care Connection



Based on available funding, **West Central Child Care Connection** is offering funds to support individual pursuit of professional development in early care and education and school-age care. Funds are provided by the Illinois Department of Human Services (IDHS).

### 1. WHO CAN APPLY?

- Individual practitioners currently employed by center based programs and family home programs that provide care as defined by the Illinois Department of Children and Family Services (IDCFS). Individual practitioners include child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and assistants. In addition, child care center support staff (cook and driver) when appropriate (e.g., food sanitation course, first aid).
- The child care program/provider 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: **Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike and Schuyler.**

### 2. WHAT CAN FUNDING BE REQUESTED FOR?

- Costs associated with conference/workshops: registration fees, lodging, transportation and mileage as outlined in Step 3A of the application. The conference/workshop must be off-site from your place of employment and must be related to early care and education, school-age care or management.
- Fees associated with the credential processes as outlined in Step 3b of the application. If you are applying for assistance with Advisor Fees, please note the advisor must meet the credentialing body's requirements. Requirements can be found at the credentialing body's website.

### 3. WHAT CREDENTIALS ARE APPROVED FOR FUNDING? WHERE CAN I FIND MORE INFORMATION ABOUT CREDENTIALS?

- |  |  |                |
|--|--|----------------|
| • Child Development Associate (CDA)            | <a href="http://www.cdacouncil.org">www.cdacouncil.org</a> | 1-800-424-4310 |
| • Certified Child Care Professional (CCP)      | <a href="http://www.nccanet.org">www.nccanet.org</a>       | 1-800-543-7161 |
| • Gateways Illinois Directors Credential (IDC) | <a href="http://www.ilgateways.com">www.ilgateways.com</a> | 1-866-697-8278 |
| • Gateways ECE Credential                      | <a href="http://www.ilgateways.com">www.ilgateways.com</a> | 1-866-697-8278 |
| • Gateways Infant/Toddler Credential           | <a href="http://www.ilgateways.com">www.ilgateways.com</a> | 1-866-697-8278 |

### 4. WHAT CAN'T FUNDING BE REQUESTED FOR?

- College tuition assistance is not available through Professional Development Funds. Tuition assistance is available through the Illinois Gateways Scholarship Program. Our CCR&R staff can assist you with information regarding college course offerings and Gateways tuition assistance. Information is also available at [www.ilgateways.com](http://www.ilgateways.com) or call 866-697-8278.
- Conferences/workshops in which West Central Child Care Connection is the fiscal agent (i.e., registration fees are collected by West Central Child Care Connection)
- Special events during a conference (e.g., concert, recognition event, etc) or the cost of meals (unless included in basic conference fee).
- Out of state conferences/workshops beyond 50 miles from any Illinois border
- Conferences/workshops in which the primary focus is political advocacy and/or sectarian (religious) instruction
- Consultants or mentors with the exception of CDA advisors (see Section 3B of application)

### 5. WHAT ARE FUNDING MAXIMUMS?

- The maximum funding amount available per person is \$700 per fiscal year.
- Additional funding maximums are detailed in Step 3 of the application.

### 6. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit a Professional Development 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 by the Illinois Department of Human Services Child Care Assistance Program (CCAP), with greater priority given 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 **West Central Child Care Connection** by **5-31-2012**.

**8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?**

- After funding approval, all supporting documentation must be submitted to **West Central Child Care Connection** within 30 days of the event date and/or completion date to be eligible for future funding.

**Workshop/Conferences**

- Conference/workshop announcement and/or outline and description
- Receipt/proof of payment for registration fees, lodging, transportation and mileage
- Documentation of attendance
- W-9 form (the form is available at [www.irs.gov](http://www.irs.gov))

**Credentials**

- Receipt/proof of payment (e.g., cashier's check, cancelled check)
- Timeline (see Step 3B on application)
- W-9 form (the form is available at [www.irs.gov](http://www.irs.gov))
- Credential advisor's resume
- Documentation of hours for credential advisor (to be submitted upon completion of hours)
- Membership receipt/proof of payment

**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 will be made and mailed directly to the conference sponsor, individual, credentialing body, or child care program named in Step 4 Payment Information Section of the application.
- Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.

**10. WHERE ARE APPLICATIONS SUBMITTED?**

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

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

- **Karen Points at West Central Child Care Connection**  
**1-800-782-7318 or 217-222-2550**

**12. DO THE FUNDS NEED TO BE REPAYED?**

- 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 a credential and the individual withdraws from the process, the individual/child care program will need to work with **West Central Child Care Connection** regarding the return of funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with **West Central Child Care Connection** regarding 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 2011 – June 2012
- 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

# PROFESSIONAL DEVELOPMENT FUNDS APPLICATION FORM

## July 2011 – June 2012



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



- ➔ 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 Professional Development Funds Instructions and Requirements

I am applying for Professional Development Funds for  Workshop/Conference Related Costs  
 Credentialing Costs:  New  Renewal

### STEP 1: Personal Information (home contact information)

Applicant First Name: \_\_\_\_\_ Applicant Last Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email (optional): \_\_\_\_\_

Role:  Director/Administrator  Assistant Director  Director/Teacher  Teacher  Assistant Teacher  Substitute/Floater  Family Child Care Provider

Family Child Care Assistant  Group Family Child Care Provider  Group Family Child Care Assistant  School-age Child Care Teacher  School-age Child Care Assistant  Other

Age group 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.)  Preschool (3-5 yrs.)  School-age (K-12 yrs.)  N/A

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

Program Name: (If licensed, use the name as it appears on your license): \_\_\_\_\_

Work Site Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Preference:  Use personal address  Use program address

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_  Personal  Program

What date did you begin employment at this site? Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Program Type:  Center  Family Child Care  Group Family Child Care  School-age Program  Head Start  Preschool for All

What age groups does your program care for (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.)

Does the program you work for currently care for children whose care is paid for by the IDHS Child Care Assistance Program?

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 3: Funding Request Information**

*The total funds requested in sections A and B below cannot exceed \$700 per year.*

Complete both tables.

I am requesting Professional Development Funds to (check all that apply):	Conference/ Workshop	Credential
Implement better practices/program improvements		
Meet DCFS training requirements		
Obtain qualifications for a new position		
To obtain a credential (new or renewal)		
To meet Quality Counts – Quality Rating System certification		
Meet accreditation standards		
Other (list):		

Training Hours and type of credit (check all that apply):	Check Type	# of hours
DCFS clock hours		
Continuing Education Units (CEUs)		
Child Development Associate (CDA) clock hours		
Continuing Professional Development Units (CPDU)		
Other (list):		

**A. WORKSHOP/CONFERENCE:**

Name of event: \_\_\_\_\_ Date(s) attending: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

The maximums listed in the table below are per event.

Total Amount(s) Requested	MAX	Amount Requested
<input type="checkbox"/> Workshop /Off-Site Training Registration Fee	\$300	\$
<input type="checkbox"/> Conference Registration Fee	\$300	\$
<input type="checkbox"/> Lodging *	\$300	\$
<input type="checkbox"/> Transportation (train, bus, airfare, cabs)	\$300	\$
<input type="checkbox"/> Mileage: reimbursed at \$0.50/mile	\$300	\$
<input type="checkbox"/> <b>TOTAL</b>	\$ 300	\$

\*Lodging: For conferences/workshops that have a special hotel rate, individuals staying at the conference hotel will be reimbursed up to the conference rate.

**B. CREDENTIAL:**

	Max	Amount Requested
<i>Child Development Associate (CDA)</i>		
<input type="checkbox"/> Application Packet	\$18	\$
<input type="checkbox"/> Assessment Fee	\$325	\$
<input type="checkbox"/> Second Setting Fee	\$225	\$
<input type="checkbox"/> Credential Renewal Fee	\$50	
<i>Certified Childcare Professional (CCP)</i>		
<input type="checkbox"/> Credential Fee	\$495	\$
<input type="checkbox"/> Credential Renewal Fee	\$25	\$
<i>Gateways Credentials</i>		
<input type="checkbox"/> Illinois Director Credential (IDC)	I II III	
<input type="checkbox"/> ECE Credential (circle level)	2 3 4 5	
<input type="checkbox"/> Infant/Toddler Credential (circle level)	2 3 4 5	
<input type="checkbox"/> Application Fee	\$30	\$
<input type="checkbox"/> Transcript Evaluation/Review Fee	\$170	\$
<input type="checkbox"/> Portfolio Assessment Fee	\$100	\$
<input type="checkbox"/> Level Advancement Fee	\$75	\$
<input type="checkbox"/> Add-on Credential Fee	\$100	\$
<input type="checkbox"/> Credential Renewal Fee	\$75	\$
<i>Other</i>		
<input type="checkbox"/> CARE Courses	\$300	\$
<input type="checkbox"/> CDA Online Training Course	\$300	\$
<input type="checkbox"/> CCP Online Training Course	\$300	\$
<input type="checkbox"/> Credential Advisor Fees	\$300	\$

**C. ADDITIONAL INSTRUCTION FOR CREDENTIAL:**

*Attach a written timeline, with dates, that describes how you will reach your goal of obtaining the credential.*

**STEP 4: Payment Information**

Total Amount Requested: \$\_\_\_\_\_ (Cannot exceed \$700)

If only partial funds are available will you complete the activity?  Yes  No

Requesting payment(s) be made to:

- Applicant     Conference/Workshop Sponsor     Child care program     Credentialing body

Make Check Payable To: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant  Social Security Number/ or  FEIN Number (REQUIRED): \_\_\_\_\_



