**West Central Child Care Connection** 510 Maine Street, Rm. 610 / Quincy, IL 62301 (217) 222-2550 / 1-800-782-7318

# July 1, 2025 –June 30, 2026

Revised July 2021, August 2022





Illinois supports the continuing professional development of child care practitioners. In partnership with the Child Care Resource & Referral (CCR&R) agencies, the Illinois Department of Human Services' Division of Early Childhood (IDHS-DEC) is providing funds to assist an individual in pursuit of professional development in early care and education and school-age care. For the purposes of this document:

- "child care program" or "program" includes child care centers and family child care
- Current /currently is defined as the time of application

#### WHO CAN APPLY?

- Individual practitioners currently employed by center-based programs or family home programs (licensed or license exempt) that provide care as defined by the Illinois Department of Children and Family Services (DCFS). 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 (e.g., cook, driver) when appropriate.
- Applicant must be a current member of the Gateways to Opportunity Registry (Registry). Registry membership is free. Practitioners may sign up for the registry at www.ilgateways.com.
- The child care program must be listed on the CCR&R provider referral database and must currently be providing care in one of the following Illinois counties: Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike or Schuyler.
- The child care program must have no unpaid financial obligation to the CCR&R agency or the IDHS-DEC Bureau of Subsidy Management or Bureau of Quality Initiatives

#### ARE THERE PRIORITY PROGRAMS?

- As applications are received, priority is given to programs currently caring for 50% or more children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).
- Programs that are full year (at least 47 weeks)/full day (at least 8 hours).
- Programs that are currently caring for infants and toddlers.

#### WHAT IS INDIVIDUAL PROFESSIONAL DEVELOPMENT?

The advancement of knowledge in the field of early childhood/school age for an individual practitioner.

### WHAT CAN INDIVIDUAL PROFESSIONAL DEVELOPMENT FUNDS BE REQUESTED FOR?

- Individual registration fees associated with conferences/workshops not required by ExceleRate Illinois.
- 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 child care administration/management.
- Fees associated with webinars/online training that is Illinois Gateways to Opportunity Registry-approved.
- Travel/Transportation cost (see application for additional information).
- Lodging cost.
- Costs associated with the following credentials:

Child Development Associate (CDA) www.cdacouncil.org 1-800-424-4310 Certified Child Care Professional (CCP) www.necpa.net 1-800-458-2644

#### 5. WHAT CAN'T FUNDS BE REQUESTED FOR?

- College tuition assistance. Tuition assistance is available through the Illinois Gateways Scholarship Program. For information on the Gateways tuitions assistance visit www.ilgateways.com or call 866-697-8278.
- Workshops required under the ExceleRate Bronze, Silver or Gold Circle of Quality. Visit www.excelerateillinois.com for a complete listing.
- Conference/workshops in which WC/CCC is the fiscal agent (i.e., registration fees are paid to the CCR&R).
- Special events during a conference (e.g., concert, recognition event, reception, etc.).

- The cost of meals or refreshments (unless included in basic registration fee).
- Group/staff training on-site or off site arranged by a provider group or child care program.
- Out of state conferences/workshops. Including registration and travel costs.
- Conferences/workshops in which the primary focus in political advocacy and/or sectarian (religious) instruction.
- Advisors, Consultants or Mentors.
- Substitute care.
- Membership fee to a professional organization.

#### 6. WHAT ARE FUNDING MINIMUMS/MAXIMUMS?

- The minimum request is \$15.
- The maximum funding amount per event/credential is 80% of the actual cost, as funding allows.
- The maximum funding amount available per person is up to \$500 per fiscal year (July 1 June 30).
- Additional information is on the application, Step 2.

### 7. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit an application along with the required supporting documentation (see question 8).
- As applications are received, priority is given to programs currently caring for 50% or more children whose care is paid for by the IDHS CCAP.
- The CCR&R will notify you in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.

### 8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

*Italicized items are required at the time of application.* Remaining documentation is to be submitted to CCR&R within 30 days of the event date and/or completion date.

- Proof of Gateways Registry membership (i.e. copy of membership ID or Professional Development Record).
- Announcement and/or outline and description for conference/workshop/online course. Announcement must include fees/cost and sponsoring entity.
- W-9 form (the form is available at <u>www.irs.gov</u>).
- Receipt/proof of payment for registration and/or credential fees.
- Documentation of attendance/completion.
- If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
- If applicable printout documenting trip mileage (e.g., Google Maps, Yahoo Maps, etc).

## 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 the conference sponsor, individual, credentialing body or the child care program named in Step 3 Payment Information made and mailed directly to Section of the application.
- Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.
- Payment cannot be made until a complete application and required documentation is received.

## 10. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?

- Ongoing as funds allow.
- Please see question #8 regarding remaining required supporting documentation due within 30 days after the event.
- CCR&R will receive applications + supporting documentation throughout the year; however, for applications to be considered, all applications + supporting documentation must be received at the CCRR by June 1<sup>st</sup>, 2026.

## 11. WHERE ARE APPLICATIONS SUBMITTED?

- West Central Child Care Connection/510 Maine St, Rm. 610/Quincy, IL 62301
- Fax: (217) 222-3133 or Email: <u>robin@wcccc.com</u>

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

Robin Ayers at (217) 222-2550 or 1-800-782-7318 or Email: robin@wcccc.com

#### 13. 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.
- In the event that payment is made for a conference/workshop, but you or an alternate are unable to attend, the individual/child care program will need to work with the CCR&R regarding the return of funds.
- In the event that payment is made for a credential and the individual withdraws or does not complete the process, the individual/child care program will need to work with the CCR&R regarding the return of funds.
- In the event payment is made for a credential and the program withdraws or does not complete the process (defined as the required steps), the child care program will need to work with the CCR&R regarding the return of funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with the CCR&R regarding return of funds.

### 14. WHAT ELSE DO I NEED TO KNOW?

Application, payment for activity, and activity must occur within the current funding cycle (7/1/25-6/30/26).

- Only completed applications will be considered.
- Applicants must use the provided application for July 2025-June 2026.
- Faxed/electronic applications will be accepted.
- Funding is limited and not guaranteed.
- Maximums are in place; however partial funding may be awarded.
- Payment cannot be made until a complete application and all required supporting documents are received.

# Individual Professional Development Application Form

West Central Child Care Connection 510 Maine Street, Rm. 610/Quincy, IL 62301 (217) 222-2550 / 1-800-782-7318







The current year application form must be used. This application may not be reformatted.

- → Please type or print using black or blue ink
- → Complete <u>all fields</u>; use "NA" if not applicable <u>do not leave any field blank</u>
- → Refer to the Individual Professional Development Instructions and Requirements

→ Be sure to	review the checkl	ist in Step 4					
STEP 1: App	licant Informatio	n					
Applicant First Name:			Applica	ant Last Name:			
Applicant Addr	ess:						
City:	S	State:	Zip Code	:	Со	ounty:	
Mailing addres	s (if different):						
Program Phone	e #: ( )			Email:	O Personal OPro	ogram	
Gateways Regis	stry #						
Program is: OI	Licensed Child Care Cent	er O License Exempt	: Child Care Co	enter Ol	Licensed Family Child C	Care OLicense Exempt	t Family Child Care
Program (work	site) Name:				-	-	
Program (work	site) Address:						
City:		State: IL Zip C		ode: County:			
What date did you begin employment at this site? Mon			nth:	Date:	Year:		
Role: check the	e one that best desc	cribes your curren	t position:				
O Director / Administrator	O Assistant Director	O Director / Teacher	O Teache	r	O Assistant Teacher	O Substitute / Floater	O Other:
O Family Child Care (FCC)	O FCC Assistant	O Group FCC Provider	O Group F Assistant	FCC	O School Age Child Care Teacher	O School Age Child Care Assistant	
Age group YOU	J currently provide	care for (center st	aff, check	1 prima	ry age range; FCC	providers check a	ll that apply):
O Infants 6 wks – 14 mos	O Toddlers 15-23 mos.	O Twos 24-35 mos	O Prescho 3-5 years	ool	O School Age K-12 years	O Not Applicable	
	e <i>Program Adminis</i> ving IDHS child care	•		g formu	ıla to determine th	ne percentage of c	children in your
	otal Number of chil ercentage of Childre				•		•
-	# of IDHS Children	n ÷ Current	Total Enro		X 100 = Percen	tage of IDHS Chile	_ % dren

# **STEP 2: Funding Request Information**

- The minimum request is \$15
- The maximum funding amounts per event/credential listed in the charts below, and
- The maximum funding amount available per person is up to \$500 per fiscal year (July 1 June 30)

# To be eligible for travel and/or lodging funding:

- Event location must be at least 60 miles (one way) from the individual's place of business
- Travel, when requesting mileage, only applies to the principal driver

TOTAL REQUESTED 2A (amount entered after calculating 80%)

• Lodging is available up to two (2) nights

# 2A: Workshop/On Line Training / Conference

e of event:	Date(s) attending:			
tion: City:	State:	County:		
I am requesting Professional Development Funds to (check all that app	Confere Worksho	•	ential	
Implement better practices/program improvements				
Meet DCFS training requirements				
Meet CCAP Health & Safety training requirements				
Obtain qualifications for a new position				
To obtain a credential (new or renewal)				
Meet accreditation standards				
Other (list):				
Training Hours and type of credit (check all that apply):	Check Ty	ype # of h	hours	
DCFS clock hours				
Continuing Education Units (CEUs)				
Child Development Associate (CDA) clock hours				
Continuing Professional Development Units (CPDU)				
Other (list):				
Total Amount(s) Requested	CCR&R	MAX Actu	al Cost	
☐ Workshop /Off-Site Training Registration Fee		\$		
☐ Webinars/Online Training Modules Registration Fee	000/ - f	\$		
□ Conference Registration Fee	80% of to	- S		
☐ Travel/Transportation (mileage / train / bus)		.   5		
Mileage reimbursed @ .70/mile.	as fundi	ing		
Actual mileage one way x 2= x .70 = Actual Cost	allows			
☐ Lodging: maximum nights, up to two (2) per event		\$		
Cost per night \$ x nights = Actual Cost				
TOTAL AMOUNT	l	\$		
TOTAL AMOUNT				

# **2B: CREDENTIAL**

For credentia	I funds request, complete below:		Actual Cost	CCR&R Max 80%	Amount Requeste		
Child Development Associate (CDA)				Costs are as of July 1, 2020 per respective websi			
	Assessment Fee (\$425 on line/ \$500 for pa	aper)	\$425/\$500	\$340/\$400	\$		
	Credential Renewal Fee (\$150 for paper /	\$125 for online)	\$150/\$125	\$120/\$100	\$		
Certified Childo	are Professional (CCP)						
	Credential Fee		\$350	\$280	\$		
	Credential Renewal Fee		\$49.95	\$40	\$		
_							
C# (t	-t- 000/				T		
CARE Cours	ate 80%, multiple the actual cost by 0.80)		varies	80%	\$		
	Training Course		varies	80%	\$		
CCP Online			varies	80%	\$		
	□CDA Online □CCP Online		varies	8070	<u> </u>		
Course Title(s):	Best offine						
TOTAL AMOUN	IT REQUESTED 2B				\$		
STEP 3: Paym	ent Information						
Have you receive	d funding from another source to assist with	n conference, workshop	o, or credential fee	es? NO	☐ YES		
•	d list amount:	,	•		_		
	made for (check all that applies):						
<u> </u>	On-line Conference Credentia	al					
If requesting	funding for travel/transportation and or lod		wing information:				
<ul> <li>Mode of</li> </ul>	transportation:	n Bus	Other				
<ul> <li>Did you/</li> </ul>	will you ride with someone?	□NO □ YES If yes	, who				
• Did you/	will you share a room with someone?	□NO □ YES If yes	, who				
TOTAL AMOUNT	REQUESTED (2A + 2B) \$	_					
Requesting paym	ent(s) be made to:						
	/Conference/On-Line Sponsor	t Child Care progra	am Credential	ing body			
	, , , , , , , , , , , , , , , , , , , ,			0 ,			
Make Check Paya	ble To:						
Must match Box 1 of the	W-9 form						
Address		City:	State:	Zip Code:			
Applicant Soc	cial Security Number/ or 🔲 FEIN Number (F	REQUIRED):					

STEP 4: Application Checklist a	nd Authorization			
I completed all areas of the collision o	ation.  rting documentation and membership (i.e., copine and description for st.  ble at <a href="https://www.irs.gov">www.irs.gov</a> ).  or registration and/or ce/completion.  eccipt for lodging and penting trip mileage (eave submitted is corresplication for my recording and penting trip mileage (eave submitted is corresplication for my recording trip mileage (eave submitted is corresplication for my recording trip mileage (eave submitted is corresplication for my recording trip mileage (eave submitted is corresplication for my recording trip mileage (eave submitted in the interpretation for my recording trip mileage).	es noted in Question y of membership ID, r conference/worksh credential fees.  /or transportation co.g., Google Maps, Yact. ds. urn of funds). nswering questions of the conference of the confe	#8 or Professional Develop op/online course. Anno ests (train, bus). hoo Maps, etc.) or attaching supporting irements. I certify that eglect and that my nam	oment Record). Souncement must  documentation)  the above the or the names of
my employees (if applicable) are not listed of the Illinois Department of Children and				•
Day Care Home, Day Care Group Home or	Day Care Center licer	nse if applicable to m	y application.	
Applicant Signature	Date	Administrato	or Signature	Date
→ Payment cannot be made until a comp → Deadline: Applications and all support Return application and all required documents	ting documentation m	west Central Chi ATTN: Robin Aye 510 Maine Street	/C/CCC by June 1 <sup>st</sup> , 2026	2301
CCR&R USE ONLY:				
Date Received:	Reviewed by:		Complete? □Yes	□No
☐ Approved Date / Amount \$				
☐ Pending Date/Reason				
☐ Communicated with applicant: dat	te / message			
☐ Denied Date / Reason				