

**Child Care Resource & Referral of Midwestern Illinois**  
4508 41<sup>st</sup> Street/Moline, IL 61265  
(309) 205-3070



## February 2021

Child Care Resource & Referral of Midwestern Illinois is excited to be offering our first facilitated CDA Cohort. The aim of this Cohort is to prepare you for application for your CDA. It is our goal that following completion of this Cohort you will have met all requirements to submit an application. *Cost of application is not included in this Cohort.*

### 1. BENEFITS OF CDA COHORT

- Monthly virtual Cohort meetings focused on a different CDA Content area each month
- Training plan to complete required CDA hours organized into manageable sections
- Technical Assistance on completing CDA Portfolio
- Technical Assistance on applying for Individual Professional Development Funds
- Targeted support from CDA Cohort Facilitator
- Collaboration with Peers

### 2. COHORT SCHEDULE (ALL SESSIONS ARE SCHEDULED 6:00-8:00 PM UNLESS OTHERWISE STATED)

- March 3: Virtual CDA Cohort Intro Session
- 8 virtual sessions scheduled for the last Wednesday of each month beginning March 31, 2021 (Unless otherwise stated, facilitator and CCR&R will communicate any needed schedule changes).

### 3. WHO CAN APPLY?

- Individual practitioners currently employed by licensed center-based programs or licensed family home programs that provide care as defined by the Illinois Department of Children and Family Services (DCFS) in one of the following counties: **Henderson, Henry, Knox, McDonough, Mercer, Rock Island, and Warren.**
- Applicant must be a current member of the Gateways to Opportunity Registry. Registry membership is free. Practitioners may sign up for the registry at [www.ilgateways.com](http://www.ilgateways.com).
- The child care program must be listed on the Child Care Resource & Referral (CCR&R) referral database.

### 4. ARE THERE PRIORITY PROGRAMS/PARTICIPANTS?

- Participants who will become teacher qualified by obtaining the CDA.
- Programs currently caring for 50% or more children whose care is paid for by the IDHS CCAP.
- Programs that are full year (at least 47 weeks)/full day (at least 8 hours).

### 5. WHAT ARE THE REQUIREMENTS?

- Participants are required to attend and actively participate in all sessions.
- Participants must complete all assigned trainings/activities according to the schedule set by cohort facilitator.
  - **A computer with a reliable internet connection OR a smartphone with the ability to connect to the Zoom app.**
  - **Connect to a microphone device to participate in discussion.**
  - **Connect to a camera device to interact with others in the training.**

### 6. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit an application along with the required supporting documentation (see question 7).
- As applications are received, priority is given to programs/participants listed in question 4.
- The CCR&R will notify you via email if your application has been approved or denied or if additional information is needed to process the application.

### 7. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

- Copy of Professional Development Record obtained from Illinois Gateways to Opportunity Registry.
- Written description of desired outcome of participation in CDA Cohort (See application).

**8. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**

- Application must be received by the CCR&R by **5:00 PM Wednesday, February 17, 2021.**

**9. WHERE ARE APPLICATIONS SUBMITTED?**

- Child Care Resource & Referral of Midwestern Illinois

**Preferred submission method:**

**Email:** [ccrtraining@salfcs.org](mailto:ccrtraining@salfcs.org)

**Other Options:**

**Fax:** (309) 517-6869

**Mail:** Attention Melissa Williams 4508 41<sup>st</sup> Street Moline, IL 61265

**10. FOR QUESTIONS PLEASE CONTACT:**

- Melissa Williams [mwilliams@salfcs.org](mailto:mwilliams@salfcs.org) or by phone at 309-205-3070 ext. 4016

# CDA Cohort Application Form



**Child Care Resource & Referral of Northwestern Illinois**  
**4508 41<sup>st</sup> Street, Moline, IL 61265**  
**309-205-3070**

**February 2021**

- ➔ Please type or print using black or blue ink
- ➔ Complete **all fields**; use "NA" if not applicable – **do not leave any field blank**

<b>STEP 1: Applicant Information</b>						
Applicant First Name:			Applicant Last Name:			
Applicant Address:						
City:		State:		Zip Code:		County:
Mailing address (if different):						
Phone #: ( )			Email (required): <input type="radio"/> Personal <input type="radio"/> Program			
Gateways Registry #						
Program is: <input type="radio"/> Licensed Child Care Center <input type="radio"/> License Exempt Child Care Center <input type="radio"/> Licensed Family Child Care <input type="radio"/> License Exempt Family Child Care						
Program (work site) Name:						
Program (work site) Address:						
City:		State: IL		Zip Code:		County:
What date did you begin employment at this site?			Month:	Date:	Year:	
Role: check the one that best describes your current position:						
<input type="radio"/> Director / Administrator	<input type="radio"/> Assistant Director	<input type="radio"/> Director / Teacher	<input type="radio"/> Teacher	<input type="radio"/> Assistant Teacher	<input type="radio"/> Substitute / Floater	<input type="radio"/> Other: _____
<input type="radio"/> Family Child Care (FCC)	<input type="radio"/> FCC Assistant	<input type="radio"/> Group FCC Provider	<input type="radio"/> Group FCC Assistant	<input type="radio"/> School Age Child Care Teacher	<input type="radio"/> School Age Child Care Assistant	
Age group YOU currently provide care for (center staff, check 1 primary age range; FCC providers check all that apply):						
<input type="radio"/> Infants 6 wks – 14 mos	<input type="radio"/> Toddlers 15-23 mos.	<input type="radio"/> Twos 24-35 mos	<input type="radio"/> Preschool 3-5 years	<input type="radio"/> School Age K-12 years	<input type="radio"/> Not Applicable	

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)

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

