

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



March 2021

Due to the large response to our first CDA Cohort, Child Care Resource & Referral of Midwestern Illinois is excited to announce that we will be accepting applications for another facilitated CDA Cohort. This is an accelerated Cohort designed for participants who are either further along in the CDA process or work well independently. It is our goal that following completion of this Cohort you will have met all requirements to submit an application to the CDA Council. *Cost of application is not included in this Cohort.*

1. BENEFITS OF CDA COHORT

- Bi-weekly virtual Cohort meetings focused on a different CDA Content area each session
- Weekly emails from facilitators to support and encourage participants
- 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
- Collaboration with Peers

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

- **March 30:** Virtual CDA Cohort Intro Session
- 9 virtual sessions scheduled for every other Tuesday beginning April 13, 2021 (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.
- 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.
- Participants who have at least 30 training hours towards their 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 Tuesday, March 23, 2021.**

9. WHERE ARE APPLICATIONS SUBMITTED?

Email: ccrtraining@salfcs.org

10. FOR QUESTIONS PLEASE CONTACT:

- Melissa Williams mwilliams@salfcs.org or by phone at 309-205-3070 ext. 4016

CDA Cohort Application Form

Child Care Resource & Referral of Midwestern Illinois
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309-205-3070



March 2021

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

STEP 1: Applicant Information						
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"/> Licensed 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. **REQUIRED**

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 2: Describe how your participation in the CDA Cohort will meet your current and future career goals. Provide at least two specific examples.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STEP 3: Application Checklist and Authorization

- ☐ I completed all areas of the current application.
- ☐ I signed and dated my application.
- ☐ I attached all required supporting documentation as noted in Question #7
- ☐ Professional Development Record Obtained from Illinois Gateways to Opportunity Registry (**Application will be considered incomplete without submission of Professional Development Record**).
 - ☐ Written description of desired outcome of participation in CDA Cohort (See above).
- ☐ I have made a copy of this application for my records.

I have completed all documentation that was requested in the instructions and requirements. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect. By signing below, I understand and agree to the expectations noted in the instructions.

Applicant Signature

Date

➔ **Deadline:** Applications and all supporting documentation must be received at **Child Care Resource & Referral of Midwestern Illinois** by March 23, 2021 at 5:00 PM

Return application and all required documents to:

Melissa Williams
Child Care Resource & Referral of Midwestern Illinois
Email: ccrtraining@salfcs.org