**SAL Child Care Connection**
**3425 N. Dries Lane, Peoria, IL 61604**
**309-686-3750**

**April 2020**

During the stay-at-home order, the Illinois Department of Human Services (IDHS) through the Child Care Resource & Referral (CCR&R) System is offering a one-time opportunity for child care practitioners electing to pursue/complete a CDA. This is an on-line CDA course through Teachstone.  *For the purposes of this document the term "child care program" includes child care centers and family child care.*

1. **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).
   - Applicant must be a high school graduate (requirement of Teachstone).
   - 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.
   - Those who can work at their own pace and direct their own learning, with support.
   - **Must have access to equipment and broadband needed to access modules. Modules are smartphone friendly**.

2. **ARE THERE PRIORITY PROGRAMS?**
   - Yes, priority is given to 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).
   - Programs that are currently* caring for infants and toddlers.

3. **WHAT CAN FUNDS BE REQUESTED FOR?**
   - On-line CDA courses offered through Teachstone.
   - Please note:  On-line modules are in English only.
   - There are two options offered:

|  | Self-Paced | Facilitated |
|---|---|---|
| Cost | $345/person | $550/person |
| Time | Self-paced<br>Must complete within six (6) months | 24 weeks (6 months)<br>*Begins 5/4; or 5/12 -complete the first module in 6 weeks. |
| Program | Online modules<br>Reference materials for portfolio | 3, 8-week online courses, self-paced w/facilitated discussion boards, and a facilitator you can contact<br>Assignments help build portfolio |
| Accountability | Quizzes and assessments | Assignments, quizzes, discussions |
| Support | Little/none | Teachstone Facilitator you can contact |

*Currently is defined as those programs that were actively providing care prior to the COVID Executive Order No. 8

4. **WHAT ARE FUNDING MINIMUMS/MAXIMUMS?**
   - 100% of the on-line course will be paid by the CCR&R.
   - Payment will be made directly to Teachstone.
   - Course does not include CDA application, portfolio review, and visit ($500/person), which comes after completion of the modules.

5. **WHAT ARE THE EXPECTATIONS?**
   - Participants are expected to complete the training within six (6) months and remain in the field for six (6) months after completion of 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 listed in question 2.
   - The CCR&R will notify you via email if your application has been approved or denied.

7. **WHAT SUPPORTING DOCUMENTATION IS NEEDED?**
   - Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
   - Proof of employment (e.g., pay stub, letter from director).
   - W-9 form (the form is available at www.irs.gov).

8. **WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**
   - Application must be received at the CCRR by Friday, May 1, 2020.

9. **WHERE ARE APPLICATIONS SUBMITTED?**
   - **SAL Child Care Connection / 3425 N. Dries Lane / Peoria, IL 61604 kmcclure@salccc.org**

10. **FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:**
    - **Kami McClure 309-686-3750 x2111**

11. **DO THE FUNDS NEED TO BE REPAID?**
    - In the event that 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 the individual does not stay in the field the required six (6) months, the cost of the on-line course will be paid back at a pro-rated basis.

# On-Line CDA Teachstone Application Form

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**309-686-3750**

**April 2020**

➔ 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):                    O Personal        O Program |
| Gateways Registry # | |
| Program is: O Licensed Child Care Center   O License Exempt Child Care Center   O Licensed Family Child Care   O 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:

O Director / Administrator   O Assistant Director   O Director / Teacher   O Teacher   O Assistant Teacher   O Substitute / Floator   O Other: _____

O Family Child Care (FCC)   O FCC Assistant   O Group FCC Provider   O Group FCC Assistant   O School Age Child Care Teacher   O 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):

O Infants 6 wks – 14 mos   O Toddlers 15-23 mos.   O Twos 24-35 mos   O Preschool 3-5 years   O School Age K-12 years   O 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)

_____  ÷  _____  X  100  =  _____  %
*# of IDHS Children*              *Current Total Enrollment*              *Percentage of IDHS Children*

| STEP 2: CDA On-Line Course Option | |
|---|---|
| ○ Self-Paced - $345 | ○ Facilitated - $550 |

| STEP 3: 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.
☐ I attached all required supporting documentation as noted in Question #7
- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- W-9 form (the form is available at www.irs.gov).

☐ 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 **SAL Child Care Connection** by May 1, 2020


*Return application and all required documents to:*          **Kami McClure**
**SAL Child Care Connection**
**3425 N. Dries Lane**
**kmcclure@salccc.org**

| Form **W-9**<br>(Rev. October 2018)<br>Department of the Treasury<br>Internal Revenue Service | **Request for Taxpayer**<br>**Identification Number and Certification**<br>▶ Go to *www.irs.gov/FormW9* for instructions and the latest information. | **Give Form to the requester. Do not send to the IRS.** |

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC  ☐ C Corporation  ☐ S Corporation  ☐ Partnership  ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

*Print or type. See Specific Instructions on page 3.*

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## Part I — Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

☐☐☐ – ☐☐ – ☐☐☐☐

or

**Employer identification number**

☐☐ – ☐☐☐☐☐☐☐

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## Part II — Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** | Signature of U.S. person ▶ | Date ▶

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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*