Gateways to Opportunity® Training Tiers Application License-Exempt Family Child Care Providers

Overview

The Gateways Training Tiers assist child care practitioners in providing quality care for children and their families. Participation in the training tiers means an individual has taken additional training to help ensure children in care are receiving an enhanced learning and care experience. Quality care can help children succeed in school and in life. Gateways Training Tiers are categorized in three Tiers. Each Tier includes modules from the Illinois Gateways to Opportunity ECE Credential Level 1, and covers health, safety, nutrition, child development, and much more. License exempt family child care providers that complete the specified training are eligible to receive additional compensation if caring for children eligible for the Illinois Department of Early Childhood (IDEC) Child Care Assistance Program (CCAP).

Eligibility Requirements

Participation is voluntary. Once a license exempt family child care provider has completed the Gateways Training Tiers Orientation and a minimum of Gateways Training Tier 1, he/she can submit an application to the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). The Gateways Training Tiers Orientation is offered by the local CCR&R. The Orientation and the Gateways Training Tier training are available on-line at www.ilgateways.com.

At the completion of each Tier, a new application must be submitted, or you can finish all three tiers at once and submit one application at completion. Once all three Gateways Training Tiers are completed, the Illinois license-exempt family child care provider receives the Gateways ECE Credential Level 1. If the provider cares for children eligible for CCAP, an add-on of 10%-20% (depending on Training Tier completed) takes effect on the following months' child care services.

Directions for Completing the Gateways Training Tiers

The application must be fully completed. Required documentation must be enclosed with the signed and dated application. Any missing information will delay the processing of your application. Send **copies of all** documentation. Information submitted to INCCRRA will not be returned.

1. Complete the Provider Information section.
2. Complete the Program Information section, including:
   - Indicate the Training Tier you are applying for.
   - Confirm training is showing on your Gateways PDR.
   - Complete information about child care provided. If CCAP children are in care, include you IDEC provider number. *(Failure to provide the number will result in missed add-ons.)*
3. Complete the Training Tier checklist for the Tier you are applying for.
4. Sign and date the application.
5. Applications are processed by the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA). IDEC is notified of eligible providers. The quality add-on rate for CCAP providers goes into effect the month following notification of eligibility. This initiative is funded by the Illinois Department of Early Childhood (IDEC).

PD325 © 2021 INCCRRA

Training Checklist - Training will be verified through Gateways Registry

TIER	TRAINING TIER 1	TRAINING TIER 2	TRAINING TIER 3
Number of Modules	4 Modules (Approximately 12 contact hours)	Tier 1 PLUS 4 Modules (Approximately 12 contact hours)	Tiers 1 & 2 PLUS 8 Modules (Approximately 24 contact hours)
❍ **LEFCC ORIENTATION MUST BE COMPLETED BEFORE APPLYING**			
Required Training Modules	❍ Overview of Child Development	❍ Observation and Guidance	❍ Child Development (Birth to 8 Months)
	❍ Health Issues for Group Care	❍ Learning Happens in Relationships	❍ Child Development (8 to 18 Months)
	❍ Nutrition Issues for Group Care	❍ Family & Community Relationships	❍ Child Development (18 to 36 Months)
	❍ Safety Issues for Group Care	❍ Personal & Professional Development	❍ Preschool Social and Emotional Development
			❍ Preschool Physical Development
			❍ Preschool Language Development
			❍ Preschool Cognitive Development
			❍ School-Age Development
CCAP Rate Add-on	**10%**	**15%**	**20%**

Notes:

- *To receive the listed CCAP rate add-on, a provider must complete Training Tiers in order.*
- *A provider must complete training in any one tier within a 2-year timeframe.*
- *Completion of all three Training Tiers will result in award of the Gateways to Opportunity ECE Credential Level 1.*
- *Add-on is applicable to LEFCC providers who care for CCAP.*

Gateways Training Tiers

Before submitting your application please make sure the following are completed and enclosed:

❍ Application is fully completed
❍ Signature and date on application

Mail completed application and required documentation to: *INCCRRA/Gateways Training Tiers • 1226 Towanda Ave • Bloomington, IL 61701*
or *email a PDF to gatewaystiers@ilgateways.com*

Gateways to Opportunity®
Illinois Professional Development System

Administered through inccrra

Illinois Department of Early Childhood

PD325 © 2021 INCCRRA

Gateways to Opportunity® Training Tiers Application License-Exempt Family Child Care Providers

Provider Information

Provider Name: _____ Registry Member ID: _____

Address: _____ City: _____

State: _____ Zip: _____

County: _____

Phone: ( ) _____ SS# or FEIN: _____

Date of Birth: ____ / ____ / _____ Email: _____ Sex: ❍ F ❍ M

What is the highest education level you have completed?

❍ High School/ GED ❍ Some College ❍ Associate Degree ❍ Bachelor's Degree ❍ Master's Degree

❍ CDA (Child Development Associate) ❍ Professional Educator Licensure ❍ Other _____

Have you completed coursework in Child Development or Early Childhood Education? ❍ Yes ❍ No

Race *(optional)*: ❍ African American ❍ Asian ❍ Caucasian/White ❍ Hispanic ❍ Native American ❍ Other

Program Information

Training Tier Applying for: ❍ Training Tier 1 ❍ Training Tier 2 ❍ Training Tier 3

Hours providing child care: ____:____am/pm ____:____am/pm

Days providing care: ❍ Mon ❍ Tues ❍ Wed ❍ Thurs ❍ Fri ❍ Sat ❍ Sun

Please check one: ❍ Full Year *(Serving children at least 47 weeks)* ❍ School Year *(minimum of 9 months)*

Total number of children in care, including your own, under the age of 13: _____

Total number of children in each age group: Infants (6 wks-14 months) _____ Toddlers (15-23 months) _____

Twos (24-35 months) _____ Preschool (3-5 yrs) _____ School age (K-12 yrs) _____

Are you currently caring for IDEC CCAP children? ❍ Yes ❍ No

If "Yes", how many CCAP children are in care? _____

If serving Child Care Assistance Program (CCAP) children you must provide your 15 digit provider number(s) you receive payment under. Failure to provide this will result in missed add-ons, if available.

Provider Number(s) _____

This number can be found directly after your name on the CCAP documentation.

Primary language spoken to children: ❍ English ❍ Spanish ❍ Other _____

How did you learn about Gateways Training Tiers?

❍ CCR&R ❍ SEIU Union ❍ Provider Association ❍ Conference ❍ Website ❍ Other

GATEWAYS TO OPPORTUNITY®
Illinois Professional Development System
Administered through inccrra
ILLINOIS DEPARTMENT OF EARLY CHILDHOOD

PD325 © 2021 INCCRRA

Required Signature

I verify that I have read this paragraph and that all information provided herein is true and accurate. By signing below, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted as part of this application. I understand that a site determined to have submitted fraudulent, altered, or false documentation or information may be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the site as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the site as determined by IDEC. I understand that staff employed by a site that has submitted fraudulent, altered, or false documentation or information will be unable to participate in INCCRRA administered programs while employed at that site. I understand if awarded an ExceleRate Circle of Quality, that information will be made publicly available and aggregated site information may be used for research/evaluation purposes.

Provider Signature:_____ Date: _____

Release of Information *(optional)*

By signing below, I grant INCCRRA permission to release my name and contact information to the media, CCR&R, public policy advocates, IDEC, legislators and others for the purpose of recognition as a Gateways Training Tiers participant.

Provider Signature:_____ Date: _____

Mail completed application and required documentation to: *INCCRRA/Gateways Training Tiers • 1226 Towanda Ave • Bloomington, IL 61701*
or *email a PDF to gatewaystiers@ilgateways.com*