

# 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 Human Services (IDHS) 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](http://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 IDHS 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). IDHS 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 Human Services (IDHS).

## Training Checklist - Training will be verified through Gateways Registry

TIER	TRAINING TIER 1	TRAINING TIER 2	TRAINING TIER 3
<b>Number of Modules</b>	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)
<input type="radio"/> <b>LEFCC ORIENTATION MUST BE COMPLETED BEFORE APPLYING</b>			
<b>Required Training Modules</b>	<input type="radio"/> Overview of Child Development	<input type="radio"/> Observation and Guidance	<input type="radio"/> Child Development (Birth to 8 Months)
	<input type="radio"/> Health Issues for Group Care	<input type="radio"/> Learning Happens in Relationships	<input type="radio"/> Child Development (8 to 18 Months)
	<input type="radio"/> Nutrition Issues for Group Care	<input type="radio"/> Family & Community Relationships	<input type="radio"/> Child Development (18 to 36 Months)
	<input type="radio"/> Safety Issues for Group Care	<input type="radio"/> Personal & Professional Development	<input type="radio"/> Preschool Social and Emotional Development
			<input type="radio"/> Preschool Physical Development
			<input type="radio"/> Preschool Language Development
			<input type="radio"/> Preschool Cognitive Development
			<input type="radio"/> School-Age Development
<b>CCAP Rate Add-on</b>	<b>10%</b>	<b>15%</b>	<b>20%</b>
<b>Notes:</b> <ul style="list-style-type: none"> <li>• To receive the listed CCAP rate add-on, a provider must complete Training Tiers in order.</li> <li>• A provider must complete training in any one tier within a 2-year timeframe.</li> <li>• Completion of all three Training Tiers will result in award of the Gateways to Opportunity ECE Credential Level 1.</li> <li>• Add-on is applicable to LEFCC providers who care for CCAP.</li> </ul>			

### 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 to: INCCRRA/Gateways Training Tiers • 1226 Towanda Plaza • Bloomington, IL 61701**

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## 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 IDHS 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

## Required Signature

I verify that the above information is accurate. I understand that if I provide inaccurate or false information, the program may be ineligible and/or suspended from participation in the Gateways Training Tiers Program. By signing below I understand that INCCRRA will use my signature to verify any information and documents I have submitted. I understand that IDHS may use my name and application information for research/evaluation purposes. IDHS has the right to audit program records and documents.

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, IDHS, legislators and others for the purpose of recognition as a Gateways Training Tiers participant.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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