



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Client: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child Care Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

List a telephone number where you can be reached during the day

Home: \_\_\_\_\_ Work: \_\_\_\_\_

**ONLY Complete and Return when you CHANGE or ADD another provider.  
DO NOT fill out if you have already sent in a form for your new provider.**

If you change providers or add another provider, you and your new provider must complete and SIGN the attached pages. Be sure to also complete this cover page. Return this cover page with the attached pages to the address listed below. We **MUST** have this information before we can make payments to your new provider.

You and your provider will be notified within 30 days after we receive the completed information. After your new provider is approved, we will send the new provider a billing form called a Child Care Certificate which must be completed monthly in order for the new provider to get paid.

**If you are CHANGING providers, complete this box:**

Name of NEW provider: \_\_\_\_\_

What was the FIRST DATE this provider began caring for your child(ren)? \_\_\_\_\_

Name of provider you are replacing: \_\_\_\_\_

What was the LAST DATE this provider cared for your child(ren)? \_\_\_\_\_

**If you are ADDING providers, complete this box:**

Name of ADDITIONAL provider: \_\_\_\_\_

What was the FIRST DATE this provider began caring for your child(ren)? \_\_\_\_\_

If your new child care provider is not willing to complete the attached pages, call (312) 823-1100 for a parent counselor at the Child Care Resource and Referral agency for your area. They may be able to help you find a new provider.

The Department reserves the right to require proof of all information on the attached pages.

Please return this form, **KEEP A COPY FOR YOUR RECORDS**, to:

Illinois Action for Children  
1340 S. Damen Avenue - 3rd Floor  
Chicago, IL 60608  
Phone: (312) 823-1100  
Fax: (312) 823-1200



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Parent/Guardian Name: \_\_\_\_\_

### SECTION 1 - CHILD CARE ARRANGEMENT

Name of provider (attach a separate schedule for each provider you are requesting payment for). \_\_\_\_\_

YMCA of Metro Chicago -  
South Side YMCA

Provider Registration Number (Providers without a registration number should contact the CCR&R) 895977982533076

List only the children who will be cared for by THIS child care provider.

If your children go to school, pre-k, or head start at another facility during the day, list only the hours that they are in child care with THIS provider. For school age children, list only the hours they are in child care.

#### Usual Schedule of Hours in Child Care

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN	Daily Rate
		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$16.36 Part Time
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$32.72 Full time

Does the child listed attend school? ☒ Yes ☐ No ☐ Year Round

What hours is the child in school? \_\_\_\_\_

Is the school at the same location as the provider? ☐ Yes ☒ No

Does this child care schedule vary? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does the provider offer a multi-child/family discount? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

#### Usual Schedule of Hours in Child Care

Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN	Daily Rate
		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$16.36 Part Time
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$32.72 Full time

Does the child listed attend school? ☐ Yes ☐ No ☐ Year Round

What hours is the child in school? \_\_\_\_\_

Is the school at the same location as the provider? ☐ Yes ☐ No

Does this child care schedule vary? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does the provider offer a multi-child/family discount? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Parent/Guardian Name: \_\_\_\_\_

Usual Schedule of Hours in Child Care										Daily Rate	
Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN		
		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$16.36 Part Time
		TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$32.72 Full time
Does the child listed attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round											
Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please explain: _____											
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please explain: _____											
What hours is the child in school? _____											

  

Usual Schedule of Hours in Child Care										Daily Rate	
Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN		
		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$16.36 Part Time
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Does the child listed attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year Round											
Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please explain: _____											
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please explain: _____											
What hours is the child in school? _____											

  

Usual Schedule of Hours in Child Care										Daily Rate	
Child's Name	Age		MON	TUE	WED	THU	FRI	SAT	SUN		
		FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$16.36 Part Time
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Is the school at the same location as the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Does this child care schedule vary? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please explain: _____											
Does the provider offer a multi-child/family discount? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please explain: _____											
What hours is the child in school? _____											



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Parent/Guardian Name: \_\_\_\_\_

### SECTION 2 - CHILD CARE PROVIDER INFORMATION

To be completed by the Applicant and the Provider **TOGETHER** (Please print clearly in blue or black ink).

**Parents or stepparents cannot be paid to provide child care for any children in the home.  
Providers must be at least 18 years of age and clear required background checks.**

Name of Child Care Provider <b>South Side YMCA - School Age</b>		If you are a Day Care Center, Corporate Name <b>YMCA of Metro Chicago</b>		
Address <b>6330 S. Stony Island</b>	Apartment Number	City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60637</b>
Mailing Address, if different than above:			County <b>Cook</b>	
Phone Number <b>773-947-0700</b>		Fax Number <b>773-947-8953</b>		E-mail <b>swilkerson@ymcachicago.org</b>
Date of Birth (MM/DD/YYYY) (Not required for Centers and Licensed Providers) Month: _____ Day: _____ Year: _____				
<b>Provider Must Complete One:</b> Note: Read the instructions included with the W-9 form for information on these options. If you have already registered as a provider for this program, list only your registration number.	Social Security Number (Individual or sole proprietor)			
	FEIN (Corporation, partnership or sole proprietor)			
	Gov't Unit Code (Public school or park district)			
	IDHS Provider Registration Number <b>895977982533076</b>			
Child care providers are considered to be self-employed and taxes cannot be deducted from IDHS payments. This income is taxable and must be reported on tax documents. The Office of the Comptroller sends out a 1099 tax information form after each calendar year to all individual providers that earn \$600 or more a calendar year.				
Enter date the child care provider recently began or will begin caring for children: (MM/DD/YYYY) _____				
Have you been approved for the Illinois Quality Counts Quality Rating System (QRS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Are you an employee of the Illinois Department of Human Services or any other State agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have you ever been convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: _____				

### CHILD CARE COLLABORATIONS

Are you an IDHS approved Child Care Collaboration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Check all that apply: <input type="checkbox"/> Head Start <input type="checkbox"/> ISBE Pre-K	
Are any of the children in this family enrolled as a collaboration child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
How long is your program? <input type="checkbox"/> 9 Mo <input type="checkbox"/> 12 Mo <input checked="" type="checkbox"/> Other <b>Sept 2017 - Aug 2017</b>			



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Parent/Guardian Name: \_\_\_\_\_

### LEGAL CARE ARRANGEMENT

Check the appropriate type of provider. If licensed, complete Day Care Licensing Information.

#### CENTERS AND LICENSED PROVIDERS

- ☒ Licensed Day Care Center (760)\* 895977982533076  
☐ Day Care Center Exempt from Licensing (761)  
☐ Licensed Day Care Home (762)\*  
☐ Licensed Group Day Care Home (763)\*

#### \*DAY CARE LICENSING INFORMATION

(DO NOT enter a Foster Care License Number)

License Number: 019299-16

License Capacity: 153 Day 153 Night

License Expiration: 1/22/2018

Hours of Operation: From 7:00 am To 6:00 pm

#### CARE BY A RELATIVE (LICENSE NOT REQUIRED)

- ☐ In the Child Care Provider's Home (765)  
☐ In the Child's Home (767)

#### CARE BY A NON-RELATIVE (LICENSE NOT REQUIRED)

- ☐ In the Child Care Provider's Home (764)  
☐ In the Child's Home (766)

My relationship to the child(ren): \_\_\_\_\_

Language: ☐ English ☐ Spanish ☐ Polish ☐ Chinese Other: \_\_\_\_\_

#### NOT REQUIRED FOR LICENSED PROVIDERS

If care is being provided in the home of the provider, list all other people living in the provider's home

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER (Optional)



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Parent/Guardian Name: \_\_\_\_\_

### SECTION 3 - PARENT/GUARDIAN CERTIFICATION

After reading each of the following statements, I certify that:

- \* I understand that I am responsible for paying a share of my child care costs (parent co-payment) to my child care provider and that failure to do so may result in the loss of my child care provider.
- \* I understand that my eligibility will be redetermined every six (6) months or as needed.
- \* The child(ren) is/are current on all immunizations and verification is on file with the child care provider.
- \* A review of each facility/home has been completed and I agree that it is a safe environment.
- \* I have given written notification to each child care provider if I want anyone other than myself to pick up the child(ren).
- \* An emergency phone number and written consent for medical care and for dispensing prescription medication has been given to each child care provider.
- \* The name of the family physician is on file with each child care provider.
- \* I am responsible for the selection of the child care providers for my child(ren).
- \* I will report any change in child care arrangements, employment or family size, within 10 days. Failure to report changes in a timely manner may result in an overpayment which I will have to pay back and/or loss of child care benefits.
- \* I understand that I must be working or attending an IDHS approved education, training, or other work related activity in order to be eligible to receive child care benefits.
- \* I understand the information provided will be checked using State and other databases, and if inconsistencies are discovered, the processing of my application, redetermination, or change of information may be delayed or denied.
- \* I understand that deliberately providing an incorrect/fictitious Social Security number or withholding the Social Security number information in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the Law.
- \* The information provided will be disclosed only for administrative purposes and that I may be required to verify the information that I have provided.
- \* I understand that I have the right to appeal and to have a fair hearing of a grievance.
- \* I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.

My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility, or my continued eligibility for the child care.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUEST FOR CHILD CARE PROVIDER CHANGE

Parent/Guardian Name: \_\_\_\_\_

### SECTION 4 - CHILD CARE PROVIDER CERTIFICATION

After reading each of the following statements regarding child care standards, I certify that:

- \* Parents will have unrestricted access to their children at all times.
- \* All state and local fire, health and safety codes have been followed and will be maintained.
- \* All child care providers/staff will have a physical examination no more than two years old and a TB skin test documented and on file in the facility/home within 90 days of the signature date on this form. The TB skin test is to be no earlier than the date the provider/staff began providing child care services.
- \* All cleaning agents, poisons and other hazardous materials are stored in an area inaccessible to the child(ren).
- \* There are no firearms or ammunition in the home OR any firearms or ammunition in the home are stored in a locked cabinet or locked storage at all times.
- \* First aid supplies are readily available.
- \* There will be no corporal punishment.
- \* The children will be provided developmentally appropriate play and physical activities daily.
- \* The children will be supervised (indoors and outdoors) at all times.
- \* The children will be provided nutritional meals/snacks daily based on the number of hours in care.
- \* I have not been responsible, and if I am a home provider, no one living in my household age 13 and older has been responsible, for the abuse or neglect of children or any acts of sexual molestation or sexual exploitation of children. I authorize the Dept. of Children and Family Services to check the Child Abuse and Neglect Tracking System (CANTS) and the Sex Offender Registry (SOR) to confirm this information for the Department of Human Services.
- \* I and members of my household may need to complete an Authorization for Background Check form. The CCR&R will mail this form and instruction if its completion is required.

After reading each of the following statements regarding child care assistance program policies, I understand:

- \* That if I am a home child care provider, I will report any new person(s) living in my household within 10 days.
- \* The information provided will be checked using State databases.
- \* I understand the information provided will be disclosed only for administrative purposes and that I may be required to verify the information, but is also subject to release under FOIA.
- \* I cannot be paid until I complete a W-9 form and I am certified by the Office of the Comptroller.
- \* I am responsible for collecting a co-payment from each family and that the co-payment will be deducted from the payment I receive from IDHS.
- \* The State is required to make payment deductions for all home child care providers in accordance with the Service Employees International Union (SEIU) contract.
- \* The State is not liable for payment of child care services provided prior to the date of an approval notice issued by the State.
- \* If I am a child care center provider, licensed home, or group home, I will maintain, for a minimum of five (5) years from the date of payment, daily attendance records to fully document the extent of services provided and agree to make all records and supporting documentation relevant to the services billed herein available to any and all authorized Department representatives and Federal authorities.
- \* Failure to maintain adequate records shall establish a presumption in favor of the State for any funds paid by the State for which adequate documentation is not available to support disbursement.
- \* In order to be considered exempt from DCFS licensing, I can care for no more than three children during any given day, including my own children, unless all children are from the same household.
- \* If not licensed by DCFS, copies of my Social Security Card and current driver's license, State ID card, or military ID are included. In order to be current, the driver's license or ID must list my current address.
- \* I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.
- \* That the rates charged to the State of Illinois do not exceed the maximum allowed by the State and do not exceed those charged to the general public for similar services. This includes discounts such as multiple child discounts, staff discounts, full-week discounts, per-pay discounts, and sliding fee scales.
- \* I certify that the hours of child care do not include hours the child is in school.
- \* That deliberately providing an incorrect/fictitious Social Security number in order to defraud the State of Illinois will cause me to be prosecuted to the fullest extent of the law.
- \* My signature is my consent and authorization for information to be released to the Illinois Department of Human Services or its agents that may establish my eligibility or my continued eligibility for the Child Care Program.

By signing and dating this document I certify that I have read and understand all the statements listed above. I certify that the statements as they are listed are true and that the information provided on this application is true, correct and complete.

Child Care Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_







## 2017-2018 CPS CALENDAR ELEMENTARY AND HIGH SCHOOLS

Forrest Claypool  
Chief Executive Officer

AUGUST				
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23▲	24	25
28*	29+	30+	31+	

NOVEMBER				
		1	2Q	3#
6	7	8	9	10
13	14	15ESPT	16HSPT	17
20	21	22**	23*	24*
27	28	29	30	

FEBRUARY				
			1Q	2#
5	6	7	8	9
12	13	14	15	16
19*	20	21	22	23
26	27	28		

MAY				
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28*	29	30	31	

SEPTEMBER				
				1+
4*	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

DECEMBER				
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
/25/	/26/	/27/	/28/	/29/

MARCH				
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
/26/	/27/	/28/	/29/	/30/

JUNE				
				1
4	5	6	7	8
11	12	13	14	15
18Q	19#	20*	21e	22e
25e	26e	27e	28	29

OCTOBER				
2	3	4	5	6
9*	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

JANUARY				
(1)	(2)	(3)	(4)	(5)
8	9	10	11	12
15*	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL				
2	3	4	5	6
9	10	11	12Q	13#
16	17	18ESPT	19HSPT	20
23	24	25	26	27
30				

JULY				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

### LEGEND

Q	End of Quarter	//	Schools closed—salary paid except as provided by budgetary action
+	Teacher Institute Days	HSPT	High School Parent-Teacher Conference Day (Report card pickup)
#	School Improvement Days	ESPT	Elementary Parent-Teacher Conference Day (Report card pickup)
*	Holiday	e	Emergency day-school in session if student days fall below state requirement
	Day of non-attendance for students	◆	Each school is provided 2 professional development days
	Anticipated Window for Summer Programs	▲	School clerks begin working on Wednesday, August 23, 2017
( )	Schools closed--no salary paid		

### \*HOLIDAYS

September 4	Labor Day	January 15	M. L. King Day
October 9	Columbus Day	February 19	President's Day
November 23, 24	Thanksgiving Holiday	May 28	Memorial Day

*Please note: December 25 and January 1 are holidays for the district offices. \*\*November 22 is a paid holiday for bargaining unit school-based staff for FY18 only.*

### NOTES:

- SCHOOL CALENDAR**— School clerks begin on August 23, 2017. Teachers and Chicago Teacher's Union (CTU) – represented Paraprofessionals and School-Related Personnel (PSRPs) begin on August 28, 2017.  
Other school-based employees begin between August 28, 2017 and September 5, 2017.  
Students begin classes on Tuesday, September 5, 2017 and end on Monday, June 18, 2018. Both days are full days of school for students.
- QUARTERS**— Each quarter ends on the following day:  
Q1 ends November 2, 2017      Q3 ends April 12, 2018  
Q2 ends February 1, 2018      Q4 ends June 18, 2018
- PROGRESS REPORT DISTRIBUTION DAYS**— Schools will distribute progress reports on the following dates:  
Q1 on October 6, 2017      Q3 on March 9, 2018  
Q2 on January 8, 2018      Q4 on May 18, 2018
- PARENT-TEACHER CONFERENCE DAYS**— Parents are asked to pickup report cards and conference with teachers after the first and third quarters. Parent-Teacher conference days are non-attendance days for students. Elementary and high schools are expected to run a Parent-Teacher Conference Day:  

<u>Elementary</u>	<u>High School</u>
Q1 on Wednesday, November 15, 2017	Q1 on Thursday, November 16, 2017
Q3 on Wednesday, April 18, 2018	Q3 on Thursday, April 19, 2018
- REPORT CARD DISTRIBUTION DAYS**— Please note that report cards for the second and fourth quarters will be sent home:  
Q2 on February 9, 2018      Q4 on June 18, 2018
- TEACHER INSTITUTE DAYS**— Teacher institute days are non-attendance days for students. These days are approved by the State Superintendent of Instruction for teacher professional development. Teacher institute days are principal-directed for August 29-31, 2017; September 1, 2017 is teacher-directed. August 29, 2017 may be used flexibly across the year.  
Days include: August 29, 2017; August 30, 2017; August 31, 2017 and September 1, 2017.
- SCHOOL IMPROVEMENT DAYS**— School Improvement Days are non-attendance days for students and are for teachers and staff to review student data, plan instruction, and engage in development aligned to school priorities. They are principal-directed, except April 13, 2018 and June 19, 2018, which are teacher-directed.  
Days include: November 3, 2017; February 2, 2018; April 13, 2018 and June 19, 2018.
- PROFESSIONAL DEVELOPMENT DAYS**— Each school is provided 2 Professional Development Days: August 28, 2017 and June 20, 2018. Professional development days may be used flexibly across the year. They are principal directed.
- VACATIONS**—Schools are closed for the following breaks:  
Winter vacation— Schools are closed from December 25, 2017 to January 5, 2018.  
Spring vacation— Schools are closed from March 26, 2018 to March 30, 2018.
- GRADUATION DATES**— High school graduation ceremonies cannot be held prior to June 9, 2018. Elementary graduations ceremonies cannot be held prior to June 14, 2018.
- ANTICIPATED SUMMER PROGRAMS**— Anticipated Summer Programs include Summer Bridge, Bilingual Bridge, English Language Summer Support, Extended School Year, Summer Acceleration and High School Summer Credit Recovery.

