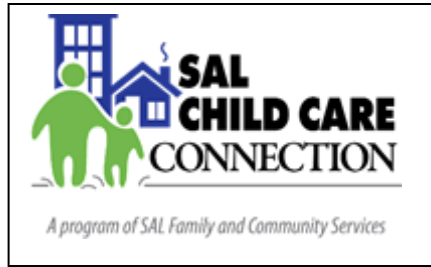


License Exempt Child Care Grant Guidelines & Application

SAL Child Care Connection
3425 N Dries Ln
Peoria, IL 61604



Health & Safety Improvement grants are available to Child Care Assistance Program (CCAP) Licensed Exempt Child Care providers to fund materials and equipment needed to address health and safety needs. Priority will be given to Licensed Exempt providers whose requests are supported by a Health & Safety Monitoring visit. For the purposes of this document, “child care provider” includes family child care and child care center. This grant is administered by SAL Child Care Connection and funded by the Illinois Department of Human Services (IDHS).

Definitions

- License Exempt Family Child Care (LEFCC) a provider who is not licensed by the Illinois Department of Children and Family Services (IDCFS), and who can care for no more than three (3) children, including their own children, unless all the children are from the same household.
- License Exempt Child Care Center (LECCC) a center who is not licensed by the IDCFS, and who meets one of the allowable exemptions found in CCAP Policy 05.02.03, VIIIA
- Fully Qualified CCAP Provider is defined as a provider who has completed the following training: First Aid/CPR, IDCFS Child Abuse/Neglect Mandated Reporter, “What is CCAP?”, and one of the Child Development Health & Safety (CDHS) training routes found at <http://www.ilgateways.com/professional-development/ccap-providers> .
- Provisionally Qualified CCAP Provider is defined as a provider who has completed First Aid/CPR and IDCFS Child Abuse/Neglect Mandated Reporter training.

GUIDELINES

WHO CAN APPLY?

- LE provider that meet the definition of a LEFCC or LECCC noted above
- LE provider that currently provide care for at least one child receiving assistance from the Illinois Department of Human Services (IDHS) CCAP
- LE provider that are fully or provisionally qualified as a CCAP provider
- LE provider that has a Corrective Action Plan from a Health & Safety Visit OR has completed the attached self-assessment
- LE provider who are members of the Gateways Registry
- LE provider providing care in one of the following counties: Bureau, Fulton, LaSalle, Marshall, Putnam, Peoria, Tazewell, Woodford, or Stark
- LE provider with no unpaid financial obligation to CCR&R or to IDHS Office of Early Childhood – Bureau of Subsidy Management/Quality Initiatives

WHAT IS REQUIRED TO PARTICIPATE?

- LE provider must agree to a minimum of one (1) scheduled, on-site visit by a CCR&R staff member in addition to the monitoring visit

WHAT CAN FUNDS BE USED FOR?

- Items requested must relate to the results of the LE Health & Safety Monitoring Visit or the results of the self-assessment
- Allowable items include, but are not limited to, First Aid Kits, Fire Extinguishers, Smoke/Carbon Monoxide Detectors, safety gates, electrical safety plugs, cribs that meet standards, pack & play, safety locked cabinets, safety locks, lead free paint

WHAT ITEMS ARE UNALLOWABLE?

- Costs associated with training
- Service agreements (e.g., cell phone, internet)
- Cosmetic improvements to the property
- Used equipment
- Items from a third-party purchase
- Items that restrict child mobility
- Consumable supplies (exception disposable gloves)

WHAT IS THE APPLICATION PROCESS?

- Complete the application and submit to the CCR&R
- The year-end deadline to submit a request is June 15, 2019
- A team of CCR&R staff will review for completeness and eligibility and notify providers of approval/denial

WHERE DO I FIND MY GATEWAYS REGISTRY ID #?

- This ID # is assigned to you after you sign up for the Gateways Registry. If you send in a paper application, you get a paper letter with the card and your Registry ID. If you apply online, you see an immediate message that gives you the Registry ID, a link to print your own card, and you also get a confirmation email that has the Registry ID in it (and another link to print the card.)
- The Registry ID # begins with the letter "N"

WHERE DO I FIND MY CCAP PROVIDER/CCMS ID #?

- The CCMS Provider ID # can be found on the CCAP approval letters and on all Child Care Certificates used for billing

IS THERE OTHER DOCUMENTATION REQUIRED?

- A copy of the CCAP Health & Safety Monitoring Visit Corrective Action Plan or the Self-Assessment
- A completed W9

WHAT IS THE GRANT AMOUNT AND HOW IS PAYMENT MADE?

- LE Child Care Centers up to \$500
- LEFCC providers providing care in their own home up to \$300
- LEFCC providers providing care in the child's home up to \$150
- Payment is made after all the requirements are completed and the necessary documentation is submitted
- Grant funds are paid out:
 - Pay vendor directly for approved provider expenses

WHO DO I CONTACT FOR MORE INFORMATION?**Mariah C Harris***Quality Administrative Assistant- Retention and Recruitment*

3425 N. Dries Lane • Peoria, Illinois 61604

309-686-3750 X 2129

License Exempt Child Care
Health & Safety Grant Guidelines & Application

SAL Child Care Connection ATTN: Mariah Harris
3425 N Dries Ln
Peoria, IL 61604

APPLICATION → Please type or print using black or blue ink

I. Contact Information

Provider Name: _____ Social Security/FEIN # (required): _____

Address: _____

Program contact:

City: _____ IL Zip: _____ County: _____

Mailing Address (if different than above): _____

City: _____ IL Zip: _____ County: _____

Daytime phone _____ Email: _____

Gateway's Registry ID #: N- _____ Provider /CCMS ID: _____

15 digit #

II. Program Information

LE Child Care Center

- Capacity _____ Current Enrollment _____ # of classrooms _____ # of staff _____
- Indicate the number of children by age group you are providing care for:
 ___ Infant/toddlers (under 3 years) ___ Preschool (3-5 years) ___ SA (K-12 yrs)

LE Family Child Care

- Do you provide child care in your home or the child's home? My Home Child's Home
- How many children are you currently caring for, including your own children, under the age of 13? _____
- Indicate the number of children by age group you are providing care for:
 ___ infants (6 wks – 14 mths) ___ toddlers (15-23 mths) ___ Twos (24-35 mths) ___ Preschool (3-5 years) ___ SA (K-12 yrs)

ALL applicants

How many children are you currently caring for whose families receive IDHS CCAP? _____

Are you listed on the CCR&R provider database? Yes No Not Sure

Have you participated in the LE grant program before? Yes No

In the space provided **below**, describe a typical day in your child care program (times for meals, snacks, indoor/outdoor activities, etc.): _____

Requested Items

Based on the results of your LE Health & Safety Monitoring Visit or the self-assessment, list in priority order the items and approximate cost that you are requesting funding for. *For example: First Aid Kit / 25 people \$22*

Item	Cost
TOTAL REQUEST	

III. Statement of Agreement

I agree to complete all the required activities of this grant program including the LE Health and Safety Monitoring Visit. I also agree to at least one (1) home visit by local Child Care Resource & Referral staff.

I certify that the above information is true and accurate, that I have not been indicated of child abuse or neglect, and that my name and, anyone living in my house age 13 and over/all staff members, is not listed on the child abuse and neglect tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about a pending Day Care Home license.

Signature _____
Date

IV. For Providers Offering Care in the Child's Home

I have discussed the Health & Safety self-assessment with the parents. I have their permission to participate in the License Exempt Family Child Care Health & Safety grant. They agree to the guidelines of the grant.

Parent's Signature (*required*) _____
Date

FOR CCR&R USE ONLY:
 Date received: _____ Reviewed by: _____ Date: _____
 Pending date: _____ / reason: _____
 Denied date: _____ / reason: _____
 Approved date: _____ / Requirements completed / Amount awarded: \$ _____

Health and Safety Self-Assessment Checklist

This checklist is intended to help you identify health and safety items that may need addressing to improve or meet the CCAP Health and Safety Standards Requirements.

Answer the following questions:	Yes	No
Is the home/facility free of peeling/chipping paint?		
LE Family Child Care: Is there a working smoke detector(s) in the home?		
LE Family Child Care: Is there a working carbon monoxide detector (s) in the home?		
LE Family Child Care: Is there a working fire extinguisher in the kitchen (rated for Class, A, B & C)?		
Are safety plugs covering all electrical outlets?		
Is there a safety gate at indoor stairs, if applicable (if caring for children under 30 months)?		
Are hazardous materials stored in their original containers and kept in a locked cabinet or out of the reach of children? (includes, but not limited to, medicine, cleaning materials, pesticides, etc.)		
Are fixed space heaters, fireplaces, radiators, fans and other heating or cooling sources/devices in areas occupied by children separated by sturdy partitions, screens or barriers?		
Are all electrical, string and window blind cords that may cause strangulation inaccessible or secured?		
Are choking hazards kept away from children under 3 years of age? (such as small toys, art materials, buttons, coins, plastic bags, etc.)		
Is the outdoor play area free of hazards (broken glass, animal feces, sharp edges, protruding nails, etc.)?		
Is there is a pool on the premises?		
If yes, is the pool fenced in?		
Is there a working telephone (land line or cell)?		
Are community emergency numbers posted in plain sight?		
Do I have a written record of emergency contacts for all children?		
Do I have a list of allergies for each child, as applicable?		
Do I have a plan in the event of an emergency?		
Are parents informed of the emergency plan?		
Do adults and children follow proper handwashing procedures?		
Is the environment cleaned and sanitized daily?		
Well balanced meals and snacks are provided?		
Are there materials for out door play? (balls, riding toys, etc.,)		
Are there materials for indoor play? (books, blocks, cars, dolls, etc.)		
Is there a first aid kit in the home?		
Are disposable gloves used for various activities? (food prep, diapering, handling emergencies/ accidents, etc.)		
Is there a designated area for diapering? (if applicable)		
Does each infant (birth – 15 months) have a separate crib, bassinette or pack-and-play to sleep in?		
Do cribs meet current safety standards? (if applicable)		
Are cribs, bassinets, etc., free of all soft bedding? (if applicable)		
Are infants (birth – 15 months) placed on their back to sleep?		
Children use age appropriate safety restraints when being transported, if applicable.		
Children are never left unattended.		

Based on the results of your LECC Health & Safety Self-Assessment Checklist, in section II of the LECC grant application, list in priority order the items that would help you address the questions that are marked “no”.