

FY 24 Health & Safety Improvement Funds License Exempt Child Care Grant Guidelines & Application (revised Oct 2020)



Child Care Resource Service (CCRS)
905 S Goodwin, 314 Bever Hall
Urbana, IL 61801
217-333-3252 or 800-325-5516



Health & Safety Improvement grants are available to Child Care Assistance Program (CCAP) License Exempt Child Care providers to fund materials and equipment needed to address health and safety needs. Priority will be given to License 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 the CCR&R agency 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 (IDCFSS), 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 IDCFSS, and who meets one of the allowable exemptions found in CCAP Policy 05.02.03, VIIIA

GUIDELINES

WHO CAN APPLY?

All of the following criteria must be met:

- LE provider who meets the definition of a LEFCC or LECCC as noted above
- LE provider who currently provides care for at least one (1) child receiving assistance from the IDHS CCAP
- LE provider who is an approved CCAP provider
- LE provider who has a Corrective Action Plan from a Health & Safety Visit OR has completed the attached self-assessment
- LE provider who is a member of the Gateways Registry
- LE provider providing care in one of the following Illinois counties: Champaign, Douglas, Iroquois, Macon, Piatt or Vermilion.
- LE provider with no unpaid financial obligation to CCR&R or to IDHS Division of Early Childhood – Bureau of Subsidy Management or Bureau of Quality Initiatives

WHAT IS REQUIRED TO PARTICIPATE?

- LE provider must agree to a minimum of one (1) scheduled, virtual or 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, health and safety items (e.g., First Aid Kits, Fire Extinguishers, Smoke/Carbon Monoxide Detectors), safety gates, cribs that meet standards, pack & play, lead free paint, children's books, age appropriate toys, gross motor materials (e.g., balls, riding toys, etc.), science materials.

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 **May 17, 2024**.
- 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 University Vendor Information Form.

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:
 - Forward up to 75% of grant award to provider and reimburse remaining percentage after receipt of expenditure documentation for total grant amount.

WHO DO I CONTACT FOR MORE INFORMATION?

- Brenda Eastham
217-333-3252 or 800-325-5516
ccrs@illinois.edu

FY24 Health & Safety Grant Guidelines & Application
License Exempt Child Care

CCRS 905 S Goodwin, 314 Bevier Hall, Urbana, IL 61801 Phone: 217-333-3252 or 800-325-5516



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:
___ 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? _____

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.): _____

Payment Information

Make check payable to: **(payment to child care program must match University Vendor Information Form)**

Name: _____

Address/City/State/Zip : _____

Required: Applicant Social Security Number or FEIN Number:

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: Children’s books 10 /\$10 each*

| Item | Cost |
|----------------------|------|
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| | |
| 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) virtual or 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: | | 1 st Payment: | 2 nd Payment: |
| Date received: | Reviewed by: | Date: | |
| <input type="radio"/> Pending | date: _____ / reason: _____ | Vendor Id: _____ | |
| <input type="radio"/> Denied | date: _____ / reason: _____ | 1-593029-793002-191200 | |
| <input type="radio"/> 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. **To be used if you have not had a Health & Safety Monitoring Visit.**

| Answer the following questions: | | Yes | No |
|---|--|-----|----|
| Indoor Safety | Is the home/facility free of peeling/chipping paint? | | |
| | Are safety plugs covering all electrical outlets? | | |
| | 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.) | | |
| Outdoor Safety | Is the outdoor play area free of hazards (broken glass, animal feces, sharp edges, etc.)? | | |
| | Is there is a pool on the premises? | | |
| | If yes, is the pool fenced in? | | |
| Emergency Preparedness | 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? | | |
| General Health | 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 outdoor 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 accidents, etc.) | | |
| | Is there a designated area for diapering? (if applicable) | | |
| | Is there a safety gate at indoor stairs, if applicable (if caring for children under 30 months)? | | |
| Infant Care (birth – 14 months) LEFCC ONLY | Does each infant (birth – 14 months) have a separate crib, bassinet, 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 – 14 months) placed on their back to sleep? | | |
| Transportation | Children use age appropriate safety restraints when being transported, if applicable. | | |
| | Children are never left unattended. | | |
| LE Family Child Care | Is there a working smoke detector(s) in the home? | | |
| | Is there a working carbon monoxide detector (s) in the home? | | |
| | Is there a working fire extinguisher in the kitchen (rated for Class, A, B & C)? | | |

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