

## License Exempt Child Care Grant Guidelines & Application

**Child Care Resource & Referral**  
801 N Larkin Ave, Suite 202  
Joliet, IL 60435



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 centers. This grant is administered by the CCR&R 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, VIII A .
- 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 is a member of the Gateways Registry
- LE provider providing care in one of the following counties (Grundy, Kankakee, Kendall, or Will).
- 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 **March 22, 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
- A copy of your CCAP Training Requirements Report must be submitted. For LE Centers, this includes all staff.

**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: **CCR selects one of the following methods:**
  - pay vendor directly for approved provider expenditures; or

**WHO DO I CONTACT FOR MORE INFORMATION?**

- **Quentin Smith**  
815-741-1163 Ext. 355  
qsmith@childcarehelp.com

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**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 order of priority the items for which you are requesting funding and their approximate cost. *For example: First Aid Kit / 25 people \$22*

<b>Item</b>	<b>Cost</b>
<b>TOTAL REQUEST</b>	

**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. *To be used if you have not had a Health & Safety Monitoring Visit.*

<b>Answer the following questions:</b>	<b>Yes</b>	<b>No</b>
Is the home/facility free of peeling/chipping paint?		
<b>LE Family Child Care:</b> Is there a working smoke detector(s) in the home?		
<b>LE Family Child Care:</b> Is there a working carbon monoxide detector (s) in the home?		
<b>LE Family Child Care:</b> 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”.