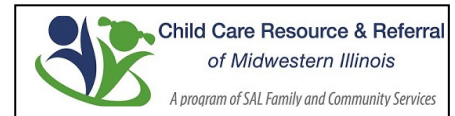


License Exempt Family Child Care Grant Guidelines & Application

Child Care Resource & Referral of Midwestern Illinois
4508 41st St. Moline, IL 61265
(309) 205-3070



Quality Improvement grants are available to Licensed Exempt Family Child Care (LEFCC) to fund materials and equipment needed for quality improvement as determined by a training and self-assessment checklist.

A LEFCC provider is defined as a provider who is not licensed, who can care for no more than three (3) children, including their own children, unless all of the children are from the same household.

GUIDELINES

WHO CAN APPLY?

- LEFCC providing child care in their (provider) own home
- LEFCC must be providing care for children receiving assistance from the IDHS Child Care Assistance Program (CCAP) at the time of application for the grant
- LEFCC must be providing care in one of the following counties: Henderson, Henry, Knox, McDonough, Mercer, Rock Island, or Warren.
- LEFCC has no unpaid financial obligation to CCR&R or DHS Bureau of Child Care and Development

WHAT IS REQUIRED TO PARTICIPATE?

- LEFCC must complete a self- assessment of their program using the LEFCC Checklist
- A minimum of one on-site visit by a CCR&R staff member to review the LEFCC Checklist
- Complete the *Quality Rating System Orientation* and a minimum of one Training Tier of the ECE Credential Level 1 training

WHAT CAN FUNDS BE USED FOR?

- Items that can be requested are based on the self-assessment checklist results. Requested items must be used to improve the quality of care provided. Requests may be made for child care materials and equipment.

WHAT IS THE APPLICATION PROCESS?

- Complete the application and submit to the CCR&R by March 10, 2017.
- A team of CCR&R staff will review for completeness and eligibility and notify providers of approval/denial

WHAT IS THE GRANT AMOUNT AND HOW IS PAYMENT MADE?

- Grants up to \$300 may be awarded
- Payment is made after all the requirements are completed and the necessary documentation is submitted
- Grant funds are
 - Paid directly to the vendor for approved expenditures

WHO DO I CONTACT FOR MORE INFORMATION?

- **Angela Herrington / (309) 205-3070 ext. 4010**

License Exempt Family Child Care Grant
Guidelines & Application

Child Care Resource & Referral of Midwestern Illinois
4508 41st St. Moline, IL 61265
(309) 205-3070

APPLICATION → Please type or print using black or blue ink

I. Contact Information

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

Address: _____

City: _____ IL Zip: _____ County: _____

Mailing Address (if different than above): _____

City: _____ IL Zip: _____ County: _____

Daytime phone _____ Email: _____

II. Program Information

How many children are you currently caring for, including your own children, under the age of 13? _____

Do you provide child care in your home or the child's home? My Home Child's Home

Requirement of the grant to provide care in different residence than the child's home

Do you currently care for children whose families receive IDHS child care financial assistance (CCAP)? Yes No
Requirement of the grant If yes how many? _____

Do you know about the Child Care Resource & Referral database? Yes No

Have you participated in this grant program before? Yes No

If yes, what training tier(s) did you complete? 1 2 3

How would you prefer to take the required training sessions? Face-to-Face Online

III. Please answer the following. Use only the space provided.

A. Describe a typical day in your child care home (times for meals, snacks, indoor/outdoor activities, etc.): _____

B. Explain why you would like to be part of this training grant program: _____

IV. Statement of Agreement

I agree to complete all of the required training and activities of this program including the LEFCC Checklist. 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, 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

FOR CCR&R USE ONLY:

Date received: _____ Reviewed by: _____ Date: _____

Pending date: _____ / reason: _____

Denied date: _____ / reason: _____

Approved date: _____ / Requirements completed / Amount awarded: \$ _____