

First Aid & CPR Reimbursement | FY19

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



October 1, 2018 – June 30, 2019

Revised October 2018



Based on available funding, Child Care Resource & Referral of Midwestern Illinois is offering funds to assist child care programs by reimbursing for CPR and First Aid certifications. Funds are provided by the Illinois Department of Human Services (IDHS). *For the purposes of this document the term “child care program” includes child care centers and family child care.*

1. WHO CAN APPLY?

- Individuals currently employed by licensed or license-exempt center based programs who are required to complete IDHS CCAP training requirements:
 1. *Director(s) – individual(s) who has primary responsibility for the daily operation and management of the center.*
 2. *Teacher(s) – includes lead teachers, teachers, teacher assistants or teacher aides who are employed by a child care center for compensation on a regular basis.*
 3. *Support Staff – if an individual has responsibilities in a classroom, working directly with children, on a regular basis.*
 4. *Student workers, part time employees, substitutes and migrant/seasonal/summer camp providers.*
- Individuals currently employed by licensed or license-exempt home based programs who are required to complete IDHS CCAP training requirements:
 1. *The primary caregiver is required to complete all trainings. The primary caregiver is the person who signs the CCAP application asking to be an approved provider. This applies to both relative and non-relative providers.*
- Applicant must be a current member of the Gateways to Opportunity Registry. Registry membership is free. Practitioners may sign up for the registry at www.ilgateways.com.
- The child care program/provider must currently be providing care in one of the following counties: Henderson, Henry, Knox, McDonough, Mercer, Rock Island, or Warren.
- The child care program/provider must have no unpaid financial obligation to the CCR&R agency or the IDHS Bureau of Child Care and Development.
- The child care program, where the individual works, must currently be caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).

2. WHAT CAN FUNDS BE REQUESTED FOR?

- Individual registration fees associated with CPR and First Aid certifications from one of the following entities: American Heart Association, American Safety & Health Institute (ASHI), American Red Cross, American Trauma Event Management (ATEM), Emergency Care and Safety Institute (ECSI), Edward Atkinson/Emergency Response Health Network, EMS Safety Services, MEDIC FIRST AID, or National Safety Council.

3. WHAT CAN'T FUNDS BE REQUESTED FOR?

- Incomplete or failed training and/or certification.
- Registrations and/or certifications from an entity not listed above.
- Staff who are not required to complete IDHS CCAP training requirements (see 1. WHO CAN APPLY? above).
- License-exempt relative providers caring for school-age **only** children (this provider type is exempt from IDHS CCAP requirements).

4. WHAT ARE FUNDING MINIMUMS/MAXIMUMS?

- The minimum request is \$15.

5. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit a First Aid & CPR Reimbursement application along with the required supporting documentation.
- The CCR&R will notify you in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.

6. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

- Receipt/proof of payment for registration and/or certification.
- Documentation of completion.
- W-9 form (the form is available at www.irs.gov).

7. HOW IS PAYMENT MADE?

- You will be notified in writing if your CPR & First Aid Reimbursement application has been approved or denied, and if approved, the amount in which your request was funded.
- Payments will be made and mailed directly to the individual or the child care program named on page 4 of the CPR & First Aid Reimbursement application.
- Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.
- Payment cannot be made until a complete CPR & First Aid Reimbursement application and required documentation is received.

8. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?

- Ongoing as funds allow.
- Deadline: CPR & First Aid Reimbursement applications and all supporting documentation must be received at Child Care Resource & Referral of Midwestern Illinois by **June 24, 2018**.

9. WHERE ARE APPLICATIONS SUBMITTED?

- Child Care Resource & Referral of Midwestern Illinois / 4508 41st St. / Moline, IL 61265
Fax: (309) 517-6869 / kswanson@salfcs.org

10. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:

- Kelsey Swanson / (309) 205-3070, ext. 4012 / kswanson@salfcs.org

11. DO THE FUNDS NEED TO BE REPAYED?

- This is a grant program, which means funds do not generally need to be paid back. However, the grant funds come from the State of Illinois, and certain policies and procedures must be followed.

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Please submit reimbursement requests to:

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



September 30, 2018 – June 30, 2019

- ➔ Please type or print using black or blue ink
- ➔ Complete **all fields**; use "NA" if not applicable – **do not leave any field blank**

| Applicant Information | | | | | | |
|---|--|--|--|---|---|------------------------------------|
| Applicant First Name: | | | Applicant Last Name: | | | |
| Applicant Address: | | | | | | |
| City: | State: | Zip Code: | County: | | | |
| Mailing address (if different): | | | | | | |
| Phone #: () | | | Email (optional): <input type="radio"/> Personal <input type="radio"/> Program | | | |
| Gateways Registry # | | | | | | |
| Program is: <input type="radio"/> Licensed Child Care Center <input type="radio"/> License Exempt Child Care Center <input type="radio"/> Licensed Family Child Care <input type="radio"/> License Exempt Family Child Care | | | | | | |
| Program (work site) Name: | | | | | | |
| Program (work site) Address: | | | | | | |
| City: | State: IL | | Zip Code: | County: | | |
| What date did you begin employment at this site? | | Month: | Date: | Year: | | |
| Role (check the one that best describes your current position): | | | | | | |
| <input type="radio"/> Director / Administrator | <input type="radio"/> Assistant Director | <input type="radio"/> Director / Teacher | <input type="radio"/> Teacher | <input type="radio"/> Assistant Teacher | <input type="radio"/> Substitute / Floater | <input type="radio"/> Other: _____ |
| <input type="radio"/> Family Child Care (FCC) | <input type="radio"/> FCC Assistant | <input type="radio"/> Group FCC Provider | <input type="radio"/> Group FCC Assistant | <input type="radio"/> School Age Child Care Teacher | <input type="radio"/> School Age Child Care Assistant | |
| Age group YOU currently provide care for (center staff, check 1 primary age range; FCC providers check all that apply): | | | | | | |
| <input type="radio"/> Infants 6 wks – 14 mos | <input type="radio"/> Toddlers 15-23 mos. | <input type="radio"/> Twos 24-35 mos | <input type="radio"/> Preschool 3-5 years | <input type="radio"/> School Age K-12 years | <input type="radio"/> Not Applicable | |

Please have the Program Administrator complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance. *Program must be currently providing care to children whose care is paid for by the IDHS Child Care Assistance Program.*

To calculate: Total Number of children with IDHS Financial Assistance **DIVIDED** by Current total Enrollment **MULTIPLIED** by 100 **EQUALS** Percentage of Children Receiving IDHS Assistance. (FCC providers: include your own children, under age 13, in enrollment)

$$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of IDHS Children} \%$$

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Payment Information

Requesting payment(s) be made to:

- Applicant Child Care program

Make Check Payable To: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Applicant Social Security Number/ or FEIN Number (REQUIRED): _____

Total Amount Requested: _____

Application Checklist and Authorization

- I completed all areas of the current application. If a question was not applicable I inserted N/A.
- I signed and dated my application.
- I have self-reported CPR and First Aid certification in my Gateways Registry account.
- I attached all required supporting documentation.
 - Receipt/proof of payment for registration.
 - Documentation of completion (copy of CPR/First Aid card or certificate).
 - W-9 form (the form is available at www.irs.gov).

I have completed all documentation that was requested in the instructions and requirements. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect and that my name or the names of my employees (if applicable) are not listed on the child abuse 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 my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.

Applicant Signature

Date

Administrator Signature

Date

➔ **Deadline:** Applications and all supporting documentation must be received at **Child Care Resource & Referral of Midwestern Illinois** by **June 24, 2019**

Return application and all required documents to: **Kelsey Swanson**
Child Care Resource & Referral of Midwestern Illinois
4508 41st St. / Moline, IL 61265
Fax: (309) 517-6869 / kswanson@salfcs.org

CCR&R USE ONLY:

Received by: _____

Date received: _____

First time application for current FY? Yes / No

Pending Date _____ / Reason: _____

Denied Date/ _____ / Reason: _____

Approved Date/ _____ / Amount \$ _____