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

July 1, 2020 –June 30, 2021

In partnership with Child Care Resource & Referral of Midwestern Illinois, the Illinois Department of Human Services is providing funds to assist child care practitioners to achieve First Aid (FA)/Cardiopulmonary Resuscitation (CPR) Certification. **Funding is limited and is done on a reimbursement basis.** Below are the guidelines, please read carefully. *For the purpose of this document "program" refers to both child care centers and family child care homes; "provider" is inclusive all child care practitioners (center staff & family child care).*

1. **Eligibility Criteria:**
- Provider must currently be employed by a program that is actively providing child care.
- Program may be licensed or license exempt.
- Provider must be a current member of the Gateways to Opportunity Registry (applies to individual and group).
- The child care program must be listed on the Child Care Resource & Referral (CCR&R) referral database and must currently be providing care in one of the following Illinois counties: Henderson, Henry, Knox, McDonough, Mercer, Rock Island or Warren.
- The child care program must have no unpaid financial obligation to the CCR&R agency or the IDHS Office of Early Childhood.
- **Priority is given to programs currently caring for 50% or more children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).**

2. **Funds are available for:**
- FA/CPR training that occurs between July 1, 2020–June 1, 2021.
- Individual costs associated with Pediatric FA/CPR (registration fee, student workbook, certification card). For school age providers, FA/CPR should be specific to the age served.
- Center staff on-site FA/CPR that is arranged by a child care program (registration fee, student workbook, certification card).
- FA/ CPR curriculum must be from one of the following approved entities:
  - ᐧ American Heart Association
  - ᐧ American Red Cross
  - ᐧ Emergency Care and Safety Institute (ECSI)
  - ᐧ Ellis & Associates, Inc. - Orlando, FL
  - ᐧ MEDIC FIRST AID
  - ᐧ Pro-Trainings, LLC
  - ᐧ American Safety & Health Institute (ASHI)
  - ᐧ American Trauma Event Management (ATEM)
  - ᐧ Edward Atkinson/Emergency Response Health Network
  - ᐧ EMS Safety Services
  - ᐧ National Safety Council
  - ᐧ R.H. Sanders & Associates/Titan CPR Associates
- Initial or renewal certification.
- Face to face or Hybrid (blended online/in person) certification training. For hybrid certification trainings there must be at least one in-person session to demonstrate the knowledge and ability to apply CPR correctly and safely.

3. **Funds do not cover:**
- Incomplete or failed training/certification.
- Adult only FA/CPR.
- Travel to/ from training.
- Out of state training.
- Purchase of CPR manikins, lungs, valves, DVDS, masks, shields, kneeling pads, gloves or training kits.
- Cost of meals or refreshments.
- Fee for a replacement certification card.
- FA/CPR registration fee for volunteers at a child care program.

4. **Application process:**
- Submit a completed application along with the required supporting documentation:
  - Proof of Gateways Registry Membership.
  - Completed W-9 form.
  - Receipt/proof of payment.
  - Documentation of completion of course for all participants.
  - For Center Group Training – an attendance sheet for those attending/completing the course including Gateways #.
- The CCR&R will notify you in writing if your application has been approved or denied.

5. **Funding Amount/Payment:**
- The cost of FA/CPR will be funded at 100% up to $110.00 per participant.
- Funding is limited and is not guaranteed.
- <u>Reimbursement</u> will be made to an individual or a child care program.

6. **Deadline to apply:**
- Ongoing as funding allows.
- Final date to submit a request for funding is June 1, 2021.

7. **Contact information:**
- Wendy Sutter
- (309) 205-3070, ext. 4019 / wsutter@salfcs.org

8. **Other information:**
- CPR /First Aid Certification – This certification must be entered individually as a certification to the Registry.
- Incomplete applications will delay the time to process.
- Reimbursement **will not** be made until the application is complete.

Check list – Is your Application Complete?
- All parts of the application are complete. If a question was not applicable I inserted NA.
- I signed and dated the application.
- I attached the required supporting documentation
  - Proof of Gateways Registry Membership
  - Completed W-9 form
  - Receipt/proof of payment
  - Documentation of completion of course for all participants
  - For Center Group Training – an attendance sheet for those attending/completing the course including Gateways #
- The payment information I have submitted is correct.
- I understand an incomplete application will delay the review process.
- I have made a copy of the application and all supporting documentation for my records.

Child Care Resource & Referral
of Midwestern Illinois
A program of SAL Family and Community Services

STEP 1: Applicant Information

Requesting funds as: ☐ An Individual ☐ Group Training (child care centers only)

Applicant First Name:	Applicant Last Name:

Applicant Address:	

City: State: Zip Code: County:	

Mailing address (if different):	

Program Phone #: ( )	Alternate phone #: ( )

Gateways Registry #:	Email: ☐ Personal ☐Program

Program is: ☐ Licensed Child Care Center ☐ License Exempt Child Care Center ☐ Licensed Family Child Care ☐ License Exempt Family Child Care	

Program (work site) Name:	

Program (work site) Address:	

City: State: IL Zip Code: County:	

Percentage of IDHS CCAP Children: 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) _____ ÷_____X 100 =_____% *# of IDHS Children Current Total Enrollment Percentage of IDHS Children*	

STEP 2: Training Information		

Date(s) of Training:	Name of Trainer:	

Location of Training: (list address, city, IL, zip, county):		

☐ CPR ☐ First Aid ☐Combination FA/CPR	☐ Initial ☐ Renewal	☐ Face to face ☐ Hybrid

Length of training: Face to Face_____ Hybrid: Online component_____ / Face to Face component _____		

Entity (check one) ☐ American Heart Association ☐ American Red Cross ☐ Emergency Care and Safety Institute (ECSI) ☐ Ellis & Associates, Inc.-Orlando, FL ☐ MEDIC FIRST AID ☐ Pro-Trainings, LLC	☐ American Safety & Health Institute(ASHI) ☐ American Trauma Event Management (ATEM) ☐ Edward Atkinson/Emergency Response Health Network ☐ EMS Safety Services ☐ National Safety Council ☐ R.H. Sanders & Associates/Titan CPR Associates	

Amount Requested	Funding Maximum	Actual Cost
Individual FA/CPR Cost per person $ _____	100% of the actual cost	$
Center Group FA/CPR Cost per person $_____ x_____ total attendees = Actual cost		$
TOTAL AMOUNT		$

STEP 3: Payment Information

Requesting payment be made/mailed to: ☐ Individual   ☐ Child Care Center

Make check payable to: _____
                                note – this must match box 1 of the W-9

Mail check to: _____
                        Address / City / State / Zip Code

Applicant ☐ Social Security # ☐FEIN # _____ ***required***

STEP 4: Authorization

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 Printed Name | Date | Applicant Signature | Date |

Return a complete application and all required supporting documentation (see #4 + checklist) to:

Child Care Resource & Referral of Midwestern Illinois

4508 41st St.

Moline, IL 61265

wsutter@salfcs.org

CCR&R USE ONLY:		
Date Received:	Reviewed by:	Complete? ☐Yes ☐No
☐ Approved Date / Amount $		
☐ Pending Date/Reason		
☐ Communicated with applicant Date / Message		
☐ Denied Date / Reason		