

Guidelines and Application

Child Care Resource & Referral Network
207 W. Jefferson St. Unit 301 Bloomington IL 61701
Phone # 309-828-1892



July 1, 2022 – June 30, 2023

In partnership with Child Care Resource & Referral Network the Illinois Department of Human Services' Division of Early Childhood (IDHS-DEC) is providing funds to assist child care practitioners to achieve First Aid (FA)/Cardiopulmonary Resuscitation (CPR) Certification. 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 of all child care practitioners (center staff & family child care).*

1. Eligibility Criteria:

- Provider must be employed by a program that is actively providing child care at the time of application.
- 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) agency's referral database and must currently be providing care in McLean, Livingston, DeWitt and Ford.
- The child care program must have no unpaid financial obligation to the CCR&R agency or the IDHS-DEC.
- **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, 2022 – June 1, 2023.
- 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).
- Initial or renewal certification.
- FA/ CPR curriculum must be from one of the following approved entities:
 - American Heart Association
 - American Red Cross
 - Emergency Care and Safety Institute (ECSI)
 - Ellis & Associates, Inc.-Orlando, FL
 - Know CPR
 - National Safety Council
 - Pro-Trainings, LLC
 - American Safety & Health Institute (ASHI)
 - American Trauma Event Management (ATEM)
 - Edward Atkinson/Emergency Response Health Network
 - EMS Safety Services
 - MEDIC FIRST AID
 - Pacific Medical Training
 - R.H. Sanders & Associates/Titan CPR Associates

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.
- No show and/or penalty fees.

4. Application process:

- Submit a completed application along with the required supporting documentation:
 - Proof of Gateways Registry Membership.
 - Completed W-9 form.
 - Proof of enrollment for payment to be made directly to the trainer/entity or
 - Receipt/proof of payment if requesting reimbursement.
 - For Center Group Training – an attendance sheet for those attending/completing the course including the Gateways to Opportunity Registry Membership ID.
- 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 \$95 per participant.
- Funding is limited and is not guaranteed.
- Payment requests can be made to the FA/CPR trainer or entity.
- Reimbursement can 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 6/20/2023.

7. Contact information:

- Jamie Conover
- 309-828-1892/ jamiiec@ccrrn.com

8. Other information:

- Completion of the FA/CPR training must be documented in the Gateways Registry within 30 days of completing the training. This can be done by
 - An individual self-reporting in the Gateways Registry or
 - Submitting documentation to the CCRR for data entry into the Gateways Registry
- Incomplete applications will delay the time to process.

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
 - Proof of enrollment or Receipt/proof of payment
 - 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.



STEP 1: Applicant Information		
Requesting funds as: <input type="checkbox"/> An individual <input type="checkbox"/> 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: <input type="checkbox"/> Personal <input type="checkbox"/> Program	
Program is: <input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> License Exempt Child Care Center <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> 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)		
$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of IDHS Children} \%$		
STEP 2: Training Information		
Date(s) of Training:	Name of Trainer:	
Location of Training: (list address, city, IL, zip, county):		
<input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Combination FA/CPR	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	<input type="checkbox"/> Face to face <input type="checkbox"/> Hybrid
Length of training: Face to Face _____ Hybrid: on line component _____ / face to face component _____		
Entity (check one)		
<input type="checkbox"/> American Heart Association	<input type="checkbox"/> American Safety & Health Institute (ASHI)	
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> American Trauma Event Management (ATEM)	
<input type="checkbox"/> Emergency Care and Safety Institute (ECSI)	<input type="checkbox"/> Edward Atkinson/Emergency Response Health Network	
<input type="checkbox"/> Ellis & Associates, Inc.-Orlando, FL	<input type="checkbox"/> EMS Safety Services	
<input type="checkbox"/> Know CPR	<input type="checkbox"/> MEDIC FIRST AID	
<input type="checkbox"/> National Safety Council	<input type="checkbox"/> Pacific Medical Training	
<input type="checkbox"/> Pro-Trainings, LLC	<input type="checkbox"/> 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: <input type="checkbox"/> Individual <input type="checkbox"/> Child Care Center <input type="checkbox"/> First Aid/CPR Trainer/Entity			
Make check payable to: _____			
Mail check to: _____ <small style="margin-left: 40px;">Address / City / State / Zip Code</small>			
Applicant <input type="checkbox"/> Social Security # <input type="checkbox"/> FEIN # _____ required			
STEP 4: Authorization			
<p><i>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.</i></p>			
_____ Applicant Printed Name	_____ Date	_____ Applicant Signature	_____ Date

Return a complete application and all required supporting documentation (see #4 + checklist) to:
 Child Care Resource & Referral Network
 207 W. Jefferson St. Unit 301
 Bloomington IL 61701

CCR&R USE ONLY:		
Date Received:	Reviewed by:	Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved Date / Amount \$		
<input type="checkbox"/> Pending Date/Reason		
<input type="checkbox"/> Communicated with applicant Date / Message		
<input type="checkbox"/> Denied Date / Reason		