First Aid / CPR Funds Program FY27

Guidelines and Application

Child Care Resource & Referral Network
207 W Jefferson St; Suite 301
Bloomington, IL 61701
Phone: 309-828-1892

July 1, 2026 –June 30, 2027

In partnership with Child Care Resource & Referral Network, the Illinois Department Early Childhood (IDEC) 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 one of the following Illinois counties: McLean, Livingston, Ford and DeWitt.
- The child care program must have no unpaid financial obligation to the CCR&R agency or the IDEC.
- **Priority is given to programs currently caring for 50% or more children whose care is paid for by the IDEC Child Care Assistance Program (CCAP**).

2. **Funds are available for:**

- FA/CPR training that occurs between July 1, 2026 – June 30, 2027.
- 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 $115 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 June 18, 2027.

7. Contact information:

- Jamie Conover
- 309-828-1892 / jamiec@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.

Child Care Resource & Referral Network

STEP 1: Applicant Information			
Requesting funds as: o An individual o 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: o Personal oProgram	
Program is: o Licensed Child Care Center o License Exempt Child Care Center o Licensed Family Child Care o License Exempt Family Child Care			
Program (work site) Name:			
Program (work site) Address:			
City:	State: IL	Zip Code:	County:
Percentage of IDEC CCAP Children: To calculate: Total Number of children with IDEC Financial Assistance **DIVIDED** by Current total Enrollment **MULTIPLIED** by 100 **EQUALS** Percentage of Children Receiving IDEC 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: on line component_____ / face to face component _____			

Entity (check one)

☐ 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
☐ Ellis & Associates, Inc.-Orlando, FL	☐ EMS Safety Services
☐ Know CPR	☐ MEDIC FIRST AID
☐ National Safety Council	☐ Pacific Medical Training
☐ Pro-Trainings, LLC	☐ 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 ☐ First Aid/CPR Trainer/Entity

Make check payable to: _____

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 Early Childhood or their agent to release information about my pending or current Child Care Home, Child Care Group Home or Child 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 Network
207 W Jefferson St; Suite 301
Bloomington, IL 61701
Fax: 309-828-0526

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		