

Child Care Resource Service
905 S. Goodwin, 314 Bevier
Urbana, IL 61801
217-333-3252 or 800-325-5516



July 1, 2020 – June 30, 2021



In partnership with Child Care Resource Service, 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: Champaign, Douglas, Iroquois, Macon, Piatt, and Vermilion.
- 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:
 - 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
- 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.
 - *Vendor Information form (available through CCRS).*
 - 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 \$100 per participant.
- Funding is limited and is not guaranteed.
- Reimbursement 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:

- Brenda
- 800-325-5516 or 217-244-7727 / ccrs@illinois.edu

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 N/A.
- I signed and dated the application.
- I attached the required supporting documentation
 - Proof of Gateways Registry Membership
 - *Vendor Information form (available through CCRS).*
 - 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.



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"/> MEDIC FIRST AID		<input type="checkbox"/> National Safety Council
<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			
Make check payable to: _____ <small style="margin-left: 100px;">Note – this must match the Vendor Information form.</small>			
Mail check to: _____ <small style="margin-left: 100px;">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:

Brenda Eastham
Child Care Resource Service
905 S. Goodwin, 314 Bevier Hall, Urbana, IL 61801
Fax 217-333-6901 or Email ccrs@illinois.edu

CCR&R USE ONLY:		
Date Received:	Reviewed by:	Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved Date / Amount \$		Fund: 1-593647-793002-186505-191200
Pay to:		Vendor #:
<input type="checkbox"/> Pending Date/Reason		
<input type="checkbox"/> Communicated with applicant Date / Message		
<input type="checkbox"/> Denied Date / Reason		