First Aid / CPR Funds Program FY22

4-C: Community Coordinated Child Care
155 N 3rd Street
DeKalb, IL 60115
815-758-8149

667 Ridgeview Drive
McHenry, IL 60050
815-344-5510

July 1, 2021 –June 30, 2022

In partnership with 4-C: Community Coordinated Child Care, the Illinois Department of Human Services 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 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 Carroll, DeKalb, Lee, McHenry, Ogle, and Whiteside counties.
- 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, 2021 – June 1, 2022.
- 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
  - 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
- Initial or renewal certification.

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 mannequins, 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 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 $80 per participant.
- Funding is limited and is not guaranteed.
- Payment requests can be made to the First Aid/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 15, 2022.

7. **Contact information:**

Jennifer Schwartz
815-344-5510 x160
jennifers@four-c.org

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: ☐ 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: on line 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 ☐ 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	
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 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:

Jennifer Schwartz
667 Ridgeview Dr.
McHenry, Illinois 60050
815-344-5510 x 160
jennifers@four-c.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		