

# FY 25 Health & Safety Improvement Funds License Exempt Child Care Grant Guidelines & Application (revised Oct 2020)



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Health & Safety Improvement grants are available to Child Care Assistance Program (CCAP) License Exempt Child Care providers to fund materials and equipment needed to address health and safety needs. Priority will be given to License Exempt providers whose requests are supported by a Health & Safety Monitoring visit. For the purposes of this document, “child care provider” includes family child care and child care center. This grant is administered by CCR&R, John A. Logan College, and funded by the Illinois Department of Human Services (IDHS).

## Definitions

- License Exempt Family Child Care (LEFCC) a provider who is not licensed by the Illinois Department of Children and Family Services (IDCFSS), and who can care for no more than three (3) children, including their own children, unless all the children are from the same household.
- License Exempt Child Care Center (LECCC) a center who is not licensed by the IDCFSS, and who meets one of the allowable exemptions found in CCAP Policy 05.02.03, VIII A

## GUIDELINES

### WHO CAN APPLY?

All of the following criteria must be met:

- LE provider who meets the definition of a LEFCC or LECCC as noted above
- LE provider who currently provides care for at least one (1) child receiving assistance from the IDHS CCAP
- LE provider who is an approved CCAP provider
- LE provider who has a Corrective Action Plan from a Health & Safety Visit OR has completed the attached self-assessment
- LE provider who is a member of the Gateways Registry
- LE provider providing care in one of the following Illinois counties: Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, White or Williamson.
- LE provider with no unpaid financial obligation to CCR&R or to IDHS Division of Early Childhood – Bureau of Subsidy Management or Bureau of Quality Initiatives

### WHAT IS REQUIRED TO PARTICIPATE?

- LE provider must agree to a minimum of one (1) scheduled, virtual or on-site visit by a CCR&R staff member in addition to the monitoring visit

### WHAT CAN FUNDS BE USED FOR?

- Items requested must relate to the results of the LE Health & Safety Monitoring Visit or the results of the self-assessment
- Allowable items include, but are not limited to, health and safety items (e.g., First Aid Kits, Fire Extinguishers, Smoke/Carbon Monoxide Detectors), safety gates, cribs that meet standards, pack & play, lead free paint, children’s books, age appropriate toys, gross motor materials (e.g., balls, riding toys, etc.), science materials.

### WHAT ITEMS ARE UNALLOWABLE?

- Costs associated with training

- Service agreements (e.g., cell phone, internet)
- Cosmetic improvements to the property
- Used equipment
- Items from a third-party purchase
- Items that restrict child mobility
- Consumable supplies (exception disposable gloves)

**WHAT IS THE APPLICATION PROCESS?**

- Complete the application and submit to the CCR&R
- The year-end deadline to submit a request is **May 1, 2025**.
- A team of CCR&R staff will review for completeness and eligibility and notify providers of approval/denial

**WHERE DO I FIND MY GATEWAYS REGISTRY ID #?**

- This ID # is assigned to you after you sign up for the Gateways Registry. If you send in a paper application, you get a paper letter with the card and your Registry ID. If you apply online, you see an immediate message that gives you the Registry ID, a link to print your own card, and you also get a confirmation email that has the Registry ID in it (and another link to print the card.)
- The Registry ID # begins with the letter “N”

**WHERE DO I FIND MY CCAP PROVIDER/CCMS ID #?**

- The CCMS Provider ID # can be found on the CCAP approval letters and on all Child Care Certificates used for billing

**IS THERE OTHER DOCUMENTATION REQUIRED?**

- A copy of the CCAP Health & Safety Monitoring Visit Corrective Action Plan or the Self-Assessment
- A completed W9

**WHAT IS THE GRANT AMOUNT AND HOW IS PAYMENT MADE?**

- LE Child Care Centers up to \$500
- LEFCC providers providing care in their own home up to \$300
- LEFCC providers providing care in the child’s home up to \$150
- Payment is made after all the requirements are completed and the necessary documentation is submitted
- Grant funds are paid out:
  - CR&R pays vendor directly for approved provider expenditures

**WHO DO I CONTACT FOR MORE INFORMATION?**

- **Angie Harper, CCR&R Health & Safety Coach, 800-548-5563 or [angelaharper@jalc.edu](mailto:angelaharper@jalc.edu)**

**APPLICATION** → Please type or print using black or blue ink

**I. Contact Information**

Provider Name: \_\_\_\_\_ Social Security/FEIN # (required): \_\_\_\_\_

Address: \_\_\_\_\_

Program contact: \_\_\_\_\_

City: \_\_\_\_\_ IL Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ IL Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email: \_\_\_\_\_

Gateway's Registry ID #: N- \_\_\_\_\_ Provider /CCMS ID: \_\_\_\_\_  
15- digit #

**II. Program Information**

LE Child Care Center

- Capacity \_\_\_\_\_ Current Enrollment \_\_\_\_\_ # of classrooms \_\_\_\_\_ # of staff \_\_\_\_\_
- Indicate the number of children by age group you are providing care for:  
\_\_\_\_ Preschool (3-5 years) \_\_\_\_ SA (K-12 yrs)

LE Family Child Care

- Do you provide child care in your home or the child's home?  My Home  Child's Home
- How many children are you currently caring for, including your own children, under the age of 13? \_\_\_\_\_
- Indicate the number of children by age group you are providing care for:  
\_\_\_\_ infants (6 wks – 14 mths) \_\_\_\_ toddlers (15-23 mths) \_\_\_\_ Twos (24-35 mths) \_\_\_\_ Preschool (3-5 years) \_\_\_\_ SA (K-12 yrs)

**ALL applicants**

How many children are you currently caring for whose families receive IDHS CCAP? \_\_\_\_\_

Have you participated in the LE grant program before?  Yes  No

In the space provided **below**, describe a typical day in your child care program (times for meals, snacks, indoor/outdoor activities, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Information**

Make check payable to: (payment to child care program must match box 1 of W9)

Name: \_\_\_\_\_

Address/City/State/Zip : \_\_\_\_\_

Required: Applicant  Social Security Number or  FEIN Number:

**Requested Items:**

Based on the results of your LE Health & Safety Monitoring Visit or the self-assessment, list in priority order the items and approximate cost that you are requesting funding for. *For example: Children's books 10 /\$10 each*

Item	Cost
<b>TOTAL REQUEST</b>	

**III. Statement of Agreement**

I agree to complete all the required activities of this grant program including the LE Health and Safety Monitoring Visit. I also agree to at least one (1) virtual or home visit by local Child Care Resource & Referral staff.

I certify that the above information is true and accurate, that I have not been indicated of child abuse or neglect, and that my name and, anyone living in my house age 13 and over/all staff members, is not listed on the child abuse and neglect 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 a pending Day Care Home license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IV. For Providers Offering Care in the Child's Home**

I have discussed the Health & Safety self-assessment with the parents. I have their permission to participate in the License Exempt Family Child Care Health & Safety grant. They agree to the guidelines of the grant.

\_\_\_\_\_  
Parent's Signature (required)

\_\_\_\_\_  
Date

**FOR CCR&R USE ONLY:**

Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Pending date: \_\_\_\_\_ / reason: \_\_\_\_\_

Denied date: \_\_\_\_\_ / reason: \_\_\_\_\_

Approved date: \_\_\_\_\_ / Requirements completed / Amount awarded: \$ \_\_\_\_\_

# Health and Safety Self-Assessment Checklist

This checklist is intended to help you identify health and safety items that may need addressing to improve or meet the CCAP Health and Safety Standards Requirements. **To be used if you have not had a Health & Safety Monitoring Visit.**

<b>Answer the following questions:</b>		<b>Yes</b>	<b>No</b>
Indoor Safety	Is the home/facility free of peeling/chipping paint?		
	Are safety plugs covering all electrical outlets?		
	Are hazardous materials stored in their original containers and kept in a locked cabinet or out of the reach of children? (includes, but not limited to, medicine, cleaning materials, pesticides, etc.)		
	Are fixed space heaters, fireplaces, radiators, fans and other heating or cooling sources/devices in areas occupied by children separated by sturdy partitions, screens or barriers?		
	Are all electrical, string and window blind cords that may cause strangulation inaccessible or secured?		
	Are choking hazards kept away from children under 3 years of age? (such as small toys, art materials, buttons, coins, plastic bags, etc.)		
Outdoor Safety	Is the outdoor play area free of hazards (broken glass, animal feces, sharp edges, etc.)?		
	Is there is a pool on the premises?		
	If yes, is the pool fenced in?		
Emergency Preparedness	Is there a working telephone (land line or cell)?		
	Are community emergency numbers posted in plain sight?		
	Do I have a written record of emergency contacts for all children?		
	Do I have a list of allergies for each child, as applicable?		
	Do I have a plan in the event of an emergency?		
	Are parents informed of the emergency plan?		
General Health	Do adults and children follow proper handwashing procedures?		
	Is the environment cleaned and sanitized daily?		
	Well balanced meals and snacks are provided?		
	Are there materials for outdoor play? (balls, riding toys, etc.,)		
	Are there materials for indoor play? (books, blocks, cars, dolls, etc.)		
	Is there a first aid kit in the home?		
	Are disposable gloves used for various activities? (food prep, diapering, handling accidents, etc.)		
	Is there a designated area for diapering? (if applicable)		
Infant Care (birth – 14 months) LEFCC ONLY	Is there a safety gate at indoor stairs, if applicable (if caring for children under 30 months)?		
	Does each infant (birth – 14 months) have a separate crib, bassinet, or pack-and-play to sleep in?		
	Do cribs meet current safety standards? (if applicable)		
	Are cribs, bassinets, etc., free of all soft bedding? (if applicable)		
Transportation	Are infants (birth – 14 months) placed on their back to sleep?		
	Children use age appropriate safety restraints when being transported, if applicable.		
LE Family Child Care	Children are never left unattended.		
	Is there a working smoke detector(s) in the home?		
	Is there a working carbon monoxide detector (s) in the home?		
	Is there a working fire extinguisher in the kitchen (rated for Class, A, B & C)?		

Based on the results of your Health & Safety Self-Assessment Checklist, in section II of the license exempt grant application, list in priority order the items that would help you address the questions that are marked “no”.

# Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>4</b>	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they