

Learn and Earn with YWCA Child Care Solutions!

Attention License-Exempt (Non-Licensed) Family Child Care Providers

YWCA Child Care Solutions invites you to apply to participate in the FY' 2017 Quality Improvements Licensed Exempt Grant program. Providers accepted into the grant program will:

- Attend and complete a Quality Rating System Orientation training on September 27th, from 10am –11am.
- Attend and complete four trainings about child growth, nutrition and safety on the following dates:

October 3rd, 4th, 5th and 6th from 9am-noon

(All trainings held at the YWCA Northwestern Illinois)

- Complete the License-Exempt Family Child Care Checklist
- Receive a Home Visit from a YWCA Child Care Solutions consultant

The Benefits to You.....

- You will qualify for a **\$300** materials grant at the conclusion of the cohort.
- You will be eligible for **Tier 1** status and can apply for ECE Credential Level 1

Apply Today!

To apply, please complete the enclosed application
and return to

YWCA Child Care Solutions

Attn: Rachel Feigel

4990 East State Street

Rockford, IL 61108



Applications must be received in our office no later than **5:00 p.m. on September 12th, 2016** **Apply early – space is limited!**

You will receive a letter of notification if accepted into a Learning Group which will include details of your training dates, times and location.

Questions? Please contact QI Funds Coordinator, Rachel Feigel at 815-484-9442 x 224

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4990 East State Street
Rockford, IL 61108

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Current Resident –or–



Funding provided in whole or in part by Illinois Department of Human Services.



FY' 2017 Quality Improvement Funds LE Grant Application Enclosed!

Earn and Learn!

License Exempt Family Child Care Grant Guidelines & Application

**YWCA Northwestern Illinois
Child Care Solutions
4990 East State Street
Rockford, IL 61108**



Quality Improvement grants are available to Licensed Exempt Family Child Care (LEFCC) to fund materials and equipment needed for quality improvement as determined by a training and self-assessment checklist.

A LEFCC provider is defined as a provider who is not licensed, who can care for no more than three (3) children, including their own children, unless all of the children are from the same household.

GUIDELINES

WHO CAN APPLY?

- LEFCC providing child care in their (provider) own home
- LEFCC must be providing care for children receiving assistance from the IDHS Child Care Assistance Program (CCAP) at the time of application for the grant

LEFCC must be providing care in the following county/ one of the following counties: Boone, Jo Daviess, Stephenson or Winnebago

- LEFCC has no unpaid financial obligation to CCR&R or DHS Bureau of Child Care and Development

WHAT IS REQUIRED TO PARTICIPATE?

- LEFCC must complete a self- assessment of their program using the LEFCC Checklist
- A minimum of one on-site visit by a CCR&R staff member to review the LEFCC Checklist
- Complete the *Quality Rating System Orientation* and a minimum of one Training Tier of the ECE Credential Level 1 training

WHAT CAN FUNDS BE USED FOR?

- Items that can be requested are based on the self-assessment checklist results. Requested items must be used to improve the quality of care provided. Requests may be made for child care materials and equipment.

WHAT IS THE APPLICATION PROCESS?

- Complete the application and submit to the CCR&R by September 12th, 2016 by 5pm.
- A team of CCR&R staff will review for completeness and eligibility and notify providers of approval/denial

WHAT IS THE GRANT AMOUNT AND HOW IS PAYMENT MADE?

- Grants up to \$300 may be awarded
- Payment is made after all the requirements are completed and the necessary documentation is submitted
- Grant funds are
 - Paid directly to the vendor for approved expenditures

WHO DO I CONTACT FOR MORE INFORMATION?

- Rachel Feigel / 815.484.9448 ext. 224 / RachelF@ywcانwil.org

License Exempt Family Child Care Grant Guidelines & Application

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APPLICATION → Please type or print using black or blue ink

I. Contact Information

Provider Name: _____ Social Security # (required): _____

Address: _____

City: _____ IL Zip: _____ County: _____

Mailing Address (if different than above): _____

City: _____ IL Zip: _____ County: _____

Daytime phone _____ Email: _____

II. Program Information

How many children are you currently caring for, including your own children, under the age of 13? _____

Do you provide child care in your home or the child's home? ☐ My Home ☐ Child's Home

Requirement of the grant to provide care in different residence than the child's home

Do you currently care for children whose families receive IDHS child care financial assistance (CCAP)? ☐ Yes ☐ No

Requirement of the grant If yes how many? _____

Do you know about the Child Care Resource & Referral database? ☐ Yes ☐ No

Have you participated in this grant program before? ☐ Yes ☐ No

If yes, what training tier(s) did you complete? ☐ 1 ☐ 2 ☐ 3

How would you prefer to take the required training sessions? ☐ Face-to-Face ☐ Online

III. Please answer the following. Use only the space provided.

A. Describe a typical day in your child care home (times for meals, snacks, indoor/outdoor activities, etc.): _____

B. Explain why you would like to be part of this training grant program: _____

IV. Statement of Agreement

I agree to complete all of the required training and activities of this program including the LEFCC Checklist. I also agree to at least one (1) 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, 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

FOR CCR&R USE ONLY:

Date received: _____ Reviewed by: _____ Date: _____

☐ **Pending** date: _____ / reason: _____

☐ **Denied** date: _____ / reason: _____

☐ **Approved** date: _____ / Requirements completed / Amount awarded: \$ _____