

The Illinois Department of Human Services (IDHS) through the Child Care Resource and Referral (CCR&R) System is offering funds to assist child care programs that opt to open and provide child care for the children of Essential Workers. ***We want to stress that these services should be provided only when Essential Workers have no other options available. The goal is to practice social distancing and for children to stay at home whenever possible.*** Please carefully read the frequently asked questions for more information.

Frequently Asked Questions

1. WHAT TYPE OF FUNDING IS BEING OFFERED?

- One-time stipend for formerly licensed family child care homes* and child care centers opting to provide care for Essential Workers.

2. WHAT ARE THE ELIGIBILITY CRITERIA?

- Child care programs operating under the COVID Executive Order No 8, including licensed child care centers, license-exempt child care centers, and formerly licensed family child care homes.*
- Licensed child care centers operating under the COVID Executive Order No 8 must have applied for and received Emergency License from the Illinois Department of Children & Family Services <https://www2.illinois.gov/sites/OECD/Pages/COVID-19.aspx> under Resources for Providers (please submit a copy of this emergency license with this application).
- Child Care programs **must** be registered on the Early Learning Helpline through the online [Emergency Operations Form](#).

3. WHAT IS THE APPLICATION PROCESS?

- Eligible child care programs (see #2) complete and submit the Stipend Application along with a W-9 for Emergency Child Care to eccgrants@inccrra.org

4. CAN AN AGENCY SUBMIT ONE APPLICATION FOR ALL SITES IF THEY HAVE MORE THAN ONE SITE?

- No. Each site (physical location) is considered a different program. One emergency license = one site = one program = one application.

5. WHAT IS THE DEADLINE FOR SUBMITTING AN APPLICATION?

- This is a one-time stipend. There is a rolling deadline and applications should be submitted as soon as possible. The Emergency Child Care Stipend Program is contingent on available funding.

6. WHAT ARE THE EXPECTATIONS FOR CHILD CARE PROGRAMS?

- Provide care for children of [Essential Workers](#) only. Again, we want to stress that these services should be provided only when Essential Workers have no other options available. The goal is to practice social distancing and stay at home whenever possible.
- The group of children must be the same children with the same staff each day, with no combining of groups.
- The following classifications of care will operate under the Governor's Executive Order and Emergency Rule 407 Subpart J: Emergency Day Care Program (EDC). Stipends are only available to programs that comply to the child capacity limits below.
 - Emergency Child Care Center - Limit of 10 children per classroom/50 children per site
 - Formerly licensed Family Child Care* – Limit of 6 children (including their own)
- All centers operating under an emergency license must comply with rules for emergency child care centers: <https://www2.illinois.gov/sites/OECD/Documents/Quick%20Reference%20of%20Rules%20for%20Emergency%20Child%20Care%20Centers.pdf>

*For the purposes of this document/program "formerly licensed family child care homes" refers to those programs that were licensed and actively providing care prior to the COVID Executive Order No 8.

7. WHAT IS THE DEFINITION OF “ESSENTIAL WORKER?”

- The definition of [Essential Workers](https://www2.illinois.gov/sites/OECD/Documents/Definition%20of%20Essential%20Workers%20from%20Executive%20Order.pdf) can be found in the Governors’ Executive Order No. 8. <https://www2.illinois.gov/sites/OECD/Documents/Definition%20of%20Essential%20Workers%20from%20Executive%20Order.pdf>

8. DO FAMILIES SERVED IN EMERGENCY CHILD CARE NEED TO BE RECEIVING PAYMENT THROUGH THE IDHS CHILD CARE ASSISTANCE PROGRAM?

- No
- New families who are income eligible for CCAP may apply for assistance through their local CCR&R.
- Families who were already on CCAP but using a different provider for emergency child care will need to add a provider to their CCAP by contacting their local CCR&R in order for the emergency child care provider to be paid for additional children in care.

9. WHAT ARE THE FUNDING AMOUNTS?

- | | |
|--|------------|
| • Formerly Licensed Family/Group child care homes* OR | \$ 750.00 |
| • Formerly Licensed Family/Group child care homes* providing 2 nd and/or 3 rd shift child care | \$1,000.00 |
| • Child care centers with up to two (2) classrooms | \$2,000.00 |
| • Child care centers with 3-5 classrooms | \$3,000.00 |

10. HOW IS PAYMENT MADE?

- Payment will come from the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA). Payment is based on receipt of the required documentation.

11. DO STIPENDS NEED TO BE REPORTED AS INCOME?

- Funds may need to be reported as income. A completed W-9 will be required. Please consult an accountant or tax preparer for further information.

12. WHERE ARE APPLICATIONS SUBMITTED?

- Applications are to be submitted electronically to eccgrants@inccrra.org

13. FOR MORE INFORMATION OR TO ASK FURTHER QUESTIONS, PLEASE CONTACT:

- Your local Child Care Resource and Referral Agency (CCR&R) <https://www.inccrra.org/about/sdasearch>

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Emergency Child Care Stipend Program Application

March 30, 2020

- ➔ Please type or print using black or blue ink
- ➔ Complete ***all fields***; use "NA" if not applicable – **do not leave any field blank**

STEP 1: Applicant Information	
Applicant First Name:	Applicant Last Name:
Applicant Address:	
City:	State: Zip Code: County:
Mailing address (if different):	
Phone #: ()	Email (Mandatory):
Regular DCFS License #:	Personal Business
Does your program receive Child Care Assistance Program (CCAP) Funds? Yes No	If yes, what is your 15-Digit Child Care Management (CCMS) Provider ID _____
Before COVID-19 child care closure program was previously operating as: Licensed Child Care Center Licensed Exempt Child Care Center Licensed Family Child Care	
Program (work site) Name:	
Program (work site) Address:	
City:	State: IL Zip Code: County:
Emergency Care Hours of Operations: Monday–Friday _____ to _____ Weekends: _____ to _____	
Child Care Centers ONLY: <i>Licensed Centers must attach a copy of their IDCFS Emergency License</i>	
How many classrooms per site?	
Infants _____	Toddlers _____ Twos _____ Preschool _____ School Age _____
Mixed ages _____ specify ages _____	
Total number of classrooms: _____	
Number of staff per classroom:	
Infants _____	Toddlers _____ Twos _____ Preschool _____ School Age _____
Mixed ages _____	
Do you have background checks on file for all staff including yourself? Yes No	
Are you providing staff (including full- and part-time staff) with extra pay during this time?	
Time and a half Bonus Extra pay No	
Do you have staff (including full- and part-time staff) that are currently not working?	
Yes No If yes, how many? _____	
If staff are not working, are they on: Paid leave Laid off Mixture of both paid leave and laid off	

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STEP 2: Payment Information

Make Check Payable to: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Applicant Social Security Number/ or FEIN Number (REQUIRED): _____

STEP 3: Grant Funding Application Authorization

I have provided all required information. 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. In addition:

- Safe drop off/pick up procedures and parental access will be in accordance with social distancing protocols and CDC/IDPH guidelines.*
- I and members of my staff/household are in compliance will all State and Local Health Departments, and Fire Marshall Health, safety and fire codes and standards including firearms and ammunition.*
- The children will be supervised (indoors and outdoors) at all times.*
- The children will be provided nutritional meals/snacks daily based on the number of hours in care.*
- I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that giving false information or failing to provide correct information can also result in an overpayment which I will have to pay back and could result in my prosecution for fraud.*

Provider/Administrator Signature _____

Date _____

Email application, W9, copy of Emergency Child Care License approval (if applicable) and attendance sheet(s) to the Child Care Resource and Referral System at eccgrants@inccrra.org.

Emergency Child Care Stipend Program

FY20

Attendance Form: Formerly Licensed Family Child Care*

Child Care Program is to complete all required fields and submit with the Stipend Application. Information is based on the children in care at the time of application.

Program Name: _____

Date of application: _____

Location of facility: _____

For the week of: _____ Days open: _____

Shift day am

Shift night pm

Shift overnight

Child's Name	Child's Age	Child's Gender	Ethnic Orientation*	Hours of Care	# of Days Attended	Parent's Occupation	Current CCAP Recipient? If Yes, 15 digit Child Care Management Client ID
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No

For each child's Ethnic Origin, list all numbers below that apply: (Required for Federal Reporting) 1 - White 2 - Black or African American 3 - Hispanic or Latino (Persons declaring Hispanic ethnicity should also list their race, for example, "3-1", "3-2", "3-5") 4 - Asian 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge.

Provider's Written Name

Provider Signature

Date

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Emergency Child Care Stipend Program

FY20

Attendance Form: Child Care Center

Child Care Program is to complete all required fields and submit with the Stipend Application.
Information is based on the children in care at the time of application.

Program Name: _____

Date of application: _____

Location of facility: _____

For the week of: _____ Days open: _____

Classroom #: _____

Child's Name	Child's Age	Child's Gender	Ethnic Orientation*	Hours of Care	# of Days Attended	Parent's Occupation	Current CCAP Recipient? If Yes, <u>15 digit</u> Child Care Management Client ID
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No

For each child's Ethnic Origin, list all numbers below that apply: (Required for Federal Reporting) 1 - White 2 - Black or African American 3 - Hispanic or Latino (Persons declaring Hispanic ethnicity should also list their race, for example, "3-1", "3-2", "3-5") 4 - Asian 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge.

Director/Administrator's Written Name

Director/Administrator's Signature

Date

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