

SAL Family and Community Services

Partners Together... Improving Lives

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Early Head Start Child Care Partnership – Family Child Care Frequently Asked Questions (FAQ)

Q: What Application needs to be completed?

A: Please see the Required Information section on page 16 of the RFP packet. The submission must include a completed *Family Child Care Application for EHS CCP Contract* (Exhibit A), as well as written responses to the questions listed, and copies of the attachments listed. The Required Information and the Application are also included at the end of this document. All submissions must be emailed to cvandaele@salfcs.org by 5:00PM CST on Tuesday, April 20, 2021 in order to be considered.

A printed copy of the EHS CCP RFP, application, and/or contract can be requested by emailing Malia Owens at maliao@skip-a-long.org on or before April 19th at 4:00PM CST. The printed copy can then be picked up from our office at 1 Montgomery Drive, Moline, IL 61265.

Q: Could a Group Day Care Home possibly be accepted?

A: Yes, as long as you have a license to provide child care services to children starting at birth and beyond. The license must be issued by the Illinois Department of Children and Family Services (DCFS).

Q: Do you have to be part of Skip-a-Long's Home Child Care Network (HCCN)?

A: Yes, you must participate in the Home Child Care Network. If you are not currently part of HCCN, you can become part of the network if you are selected as a Contractor for the EHS CCP Contract.

Q: Can you clarify the amount of children for a large home license (12). Is that 12 kids total all day? Or are we allowed to still do our normal 2nd shift?

A: 12 Total all day. The example was provided that in the first shift, a provider may have 8 (non school) and on the second shift, the provider may have 4 (school age) so it still works so that it is 12 TOTAL.

If a provider has 12 in the first shift, he/she can not have any additional children on the second shift because then the 10+ hours required to be made available to families that work full working day will not be available and, because by Federal rules, one provider and an assistant can not have any more than 12 children enrolled.

Q: Can you clarify the days off per year? We have to be open 236 days but that means over 100 days off. Is that including weekends? If so how many actual days off are we allowed not including weekends?

A: The required service days for the contract (Monday through Friday) are 236 days. If a provider works weekends, those days are not counted towards the 236.

Contractors will be required to submit a calendar showing the working days (Monday through Friday) every year, and include on the calendar the days the provider is planning to close (for holidays, vacations and such), as long as the 236 days are met, the provider gets to choose the closed days (days off).

Q: If we have days already scheduled off can we still take them? My contract calls for 3 weeks, all holidays, sick days & bereavement days.

A: Two part answer:

- As long as the 236 days are met, the provider schedules their time off the way it works best for them but, see next point:
- The provider should be aware that there is a clause that discourages prolonged closures (more than 5 consecutive days) (refer to the contract) as prolonged closures impact families who need child care (low income families usually do not get 3 weeks off) so, the provider can close 5 days off here and 5 days off there and, as long as the 236 days off are met, it works for SALFCS and the EHS CCP contract.

Q: The clause where we can't terminate children - is there any way under certain circumstances that we could if need be? I have had to terminate because of excessive hitting/kicking/biting/spitting & throwing toy/chairs. What would happen if we had an issue like that again?

A: When situations like the one described occur, in general, the following process should occur (the contract includes details about this):

- As soon as the concerning behaviors are identified, the provider must notify the assigned Child Development Specialist who will request for a multi-disciplinary team meeting (MDT). This meeting will include a team of experts, the providers and the parents. Together, the team will develop a plan with strategies and timelines to support the child. The plan developed must be comprehensive and it must take into consideration the safety of the child and other children, thus, it must also include strategies (immediate and long term) to keep everyone safe.
- The Provider can also submit a referral for the child immediately after the concerns are identified to the Mental Health Manager or other SAL expert. These experts will observe the child, the setting and provide strategies to address the concerns.
- SALFCS will gather all the information about the child (results from screenings and assessments) and determine if the child should be referred for special services evaluation.
- SALFCS may also determine the need to bring an child development expert to observe the child (provided, parent consent has been obtained) so this additional expert can provide strategies to work with the child.
- If after implementing the plan developed during the MDT, the team of experts (this includes SALFCS experts, Special education services experts and/or the child development expert) determine that the child can benefit best from a different placement, then SALFCS, the provider, and the parent must work together to transition the child and family to the best program placement for the child.
- If at the end, the decision to transition a child is made by a team of experts, then the child can be transitioned into another program; the decision is not made by the provider by her/himself.

Required Information

The following must be completed and included in your submission.

- 1) *Family Child Care Application for EHS CCP Contract (Exhibit A)*
- 2) Written responses to the following questions:
 - Please provide an overview of your child care experience, focusing primarily on expertise with children under 4 years of age.
 - Why do you want to provide Early Head Start service in your program?
 - Describe how you will work with SALFCS to manage the EHS CCP Contract. Who will be the liaison and/or expert on your team?
 - Describe your process to recruit and retain children and families for enrollment.
 - Describe your work with children and families living and working in poverty. Do you have any concerns or anticipate any challenges in working with children and families who live in extreme poverty or those who are facing many social and economic challenges?
 - What strengths would you bring to the program? Why should you be selected?
 - Professional development will be required and supported by SALFCS. How will this impact you?
 - Any other relevant information the review panel should consider?
- 3) Attachments*
 - Two (2) Letters of Recommendation (cannot be current SALFCS staff) which must include:
 - Name, address, phone number, and email
 - Services provided and length of service
 - Wet signature of person providing letter of recommendation
 - Illinois DCFS Child Care License
 - Personnel roster with the proper clearances for each staff working and approved by licensing to be on the premises.
 - Provider's and assistant's education degree/permits
 - Most recent child care provider immunizations
 - Current child care insurance policy
 - Licensing Visit Reports for the last 3 years
 - Tax Returns – state and federal (1st and 2nd pages)

**Additional documents will be requested if selected as Contractor.*

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(EXHIBIT A) Family Child Care Application for EHS CCP Contract

CONTRACTOR INFORMATION		
Name (Last, First, M):	Date:	
Name of Family Child Care program:		
Street Address:		
City, State, Zip Code:		
Work/Home Phone:		
Cell Phone:	E-mail Address:	
List all staff who are associated with the facility. For FCC this also includes all residents 18 years of age and older. Attach additional sheets if necessary		
Last Name	First Name	Resident or Staff?
Which of the following contracts do you currently have in place? (check all that apply and include the agency name):		
HCCN <input type="checkbox"/> Yes <input type="checkbox"/> No		
Head Start/Early Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Agency Name:		
Food Program <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Agency Name:		
Other Child Care Subsidy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Agency Name:		

EDUCATION (APPLICABLE TO THE OWNER/DIRECTOR/PROVIDER)
Do you have a High School diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a CDA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of Degree and Major: <input type="checkbox"/> AA _____ <input type="checkbox"/> BA _____ <input type="checkbox"/> MA _____
How many College Credits do you have in Early Childhood Development?

What is your current ExceleRate Level?

GOLD SILVER BRONZE LICENSED

How many hours of child development training have you completed this year? _____

CHILD CARE PROGRAM

Family Child Care Home License Number: _____

Year Issued: _____

Number of Visits from Licensing in the past 3 years: _____

Any violations received in the last three years? Yes No

If yes, what type of violations and how many?

Has your license ever been revoked, suspended or place on probationary status? Yes No

If yes, when and why:

Do you have any assistants? Yes No If yes, how many? _____

(Assistants are defined as adults, 18 years or older and work under the supervision of a qualified provider)

Hours of operation:

Days of operation: M T W Th F S S
(please note: EHS services can only be provided Monday-Friday)

Ages and number of children, by age, currently served:

Infants? Yes No If yes, how many children under 14 months do you currently serve? _____

Toddlers? Yes No If yes, how many children 15 month – 23 months do you currently serve? _____

2 year olds? Yes No If yes, how many children 2-3 years do you currently serve? _____

3 year olds? Yes No If yes, how many children 3- 4 years do you currently serve? _____

Preschool? Yes No If yes, how many children 4-5 years do you currently serve? _____

Of the children listed under 5 years of age, how many currently receive CCAP: _____

If you do not currently serving infant and toddlers, are you interested in expanding your program to include infant, toddler, and two year olds? Yes No

Do you have professional liability insurance? Yes No

If yes, name of insurance company:

Are there any pending lawsuits, investigations or claims against you, any of your staff or your facility?

Yes No If yes, Please attach a sheet with an explanation.

Disclaimer and Signature

I certify that all information provided above is accurate and complete.

Signature: _____ Date: _____

I understand that, if selected as a Contractor for EHS CCP, my name, phone number and address will be provided to families eligible for the Early Head Start program. I also acknowledge that my signature indicates my agreement with this practice.

Signature: _____ Date: _____

I understand that completing this application and providing my business information to SALFCS does not guarantee that I will be selected to participate and does not constitute a contract. I further understand and agree that by providing the information hereby contained, I am consenting to visits by SALFCS and its representatives. Such visits are for the purpose of screening the environments (indoor and outdoor) I use to provide care to children. Furthermore, I also understand that if selected as a Contractor, a contract will be executed between SALFCS and myself prior to rendering any services to children and families.

Signature: _____ Date: _____