



39 John Street Kingston, NY 12401 845-331-7080 Fax: 845-331-0526
Mailing address: PO Box 3718 Kingston, NY 12402

Quality Improvement Grants 2009-2010

The Child Care Council of Ulster County has limited Quality Improvement funding available for in process or existing regulated family day care providers so that they may meet regulatory compliance.

Please submit the attached application to the Child Care Council of Ulster County no later than _____. Your application will be reviewed and you will be notified within 30 days of the date the council receives your application. NOTE: Backup financial information may be requested if there are numerous applicants competing for the funding.

Some of the items funding is available for are:

- | | |
|--|---|
| <input type="checkbox"/> carbon monoxide detectors | <input type="checkbox"/> fire extinguishers |
| <input type="checkbox"/> smoke detectors | <input type="checkbox"/> fencing |
| <input type="checkbox"/> window guards | <input type="checkbox"/> fireplace/wood stove inspections |
| <input type="checkbox"/> outlet covers | <input type="checkbox"/> water tests |
| <input type="checkbox"/> first aid kits | <input type="checkbox"/> environmental/radon inspection |
| <input type="checkbox"/> medical exams | <input type="checkbox"/> gates |
| <input type="checkbox"/> mats/cots/cribs | <input type="checkbox"/> radiator covers |
| <input type="checkbox"/> educational materials | <input type="checkbox"/> flashlights & batteries |

Since there is limited funding your application will be reviewed with the following priorities in mind.

- Currently in process of becoming a Legally Exempt, Family or Group Family Day Care Provider
- Currently needing equipment or supplies to gain compliance with regulations
- Willing to care for Department of Social Services subsidized children
- Willing to care for children under the age of two
- Willing to care for mildly ill children
- Approved or in process of approval to administer medication to children in care
- Willing to provide non traditional hours of care, such as early morning, evening, night time or weekends
- Applicant's household income

A Program of Family of Woodstock, Inc.
A United Way Agency



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Quality Improvement Grant Application 2009-2010

NAME _____

ADDRESS _____

TELEPHONE _____ **Facility #** _____

(THESE QUESTIONS WILL HELP US PRIORITIZE APPLICATIONS. YOU DO NOT HAVE TO ANSWER YES TO ALL QUESTIONS OR PROVIDE ALL THE SERVICES MENTIONED IN ORDER TO RECEIVE THE GRANT)

** I offer or will offer child care services in my home

- | | |
|---------------|-----------------------------|
| () MONDAY | Hours: _____ am to _____ pm |
| () TUESDAY | Hours: _____ am to _____ pm |
| () WEDNESDAY | Hours: _____ am to _____ pm |
| () THURSDAY | Hours: _____ am to _____ pm |
| () FRIDAY | Hours: _____ am to _____ pm |
| () SATURDAY | Hours: _____ am to _____ pm |
| () SUNDAY | Hours: _____ am to _____ pm |

** I am willing to provide care for children under age 2. YES NO

** I am willing to provide care for children whose care is being subsidized by the Department of Social Services. YES NO

** I am willing to care for mildly ill children. YES NO

** I am approved to or am in process for approval to administer medication to children in my care. YES NO

** Number of household members (include yourself) _____.

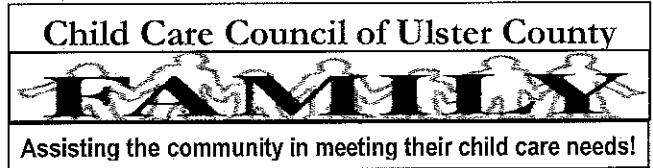
** My households' gross annual income is _____.
You may be asked to provide proof of income for consideration of this grant.

** Does your property or neighboring properties include: *Check all that apply*

- | | | | |
|------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Any water | <input type="checkbox"/> A busy road | <input type="checkbox"/> Swimming Pools | <input type="checkbox"/> Open drainage ditches |
| | <input type="checkbox"/> Wells/Holes | <input type="checkbox"/> Anything dangerous to children | |

DOUBLED SIDED DOCUMENT

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ITEM	ESTIMATED COST	REASON FOR NEED

 Signature Date

Return signed application to:
 Child Care Council of Ulster County, PO Box 3718, Kingston, NY 12402

<i>office use:</i>		
<input type="checkbox"/> <i>Eligible</i>	<input type="checkbox"/> <i>Not Eligible</i>	<i>Date Application rec=d</i> _____
<i>PD Approval</i> _____		<i>Date</i> _____
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