



**GRANT APPLICATIONS WILL BE ACCEPTED ON A ROLLING BASIS UNTIL **August 31, 2024.****

### HOW DO I APPLY?

1. Download this grant application from the Department of Human Services website ([www.dhs.gov.vi](http://www.dhs.gov.vi)) on the Child Care and Regulatory Services page ([www.dhs.gov.vi/occrs/index.html](http://www.dhs.gov.vi/occrs/index.html)).
2. Complete each application thoroughly.
3. Mail, email, or place the completed application in a drop box location identified below:

#### **Mail to:**

St. Thomas/St. John District - Office of Child Care & Regulatory Services  
1303 Hospital Ground, Knud Hansen Complex Bldg. A, Suite 1  
St. Thomas, Virgin Islands 00802

St. Croix District – Office of Child Care & Regulatory Services  
#129 Golden Rock  
Christiansted, St. Croix Virgin Islands

**Email to:** [childcarevagrants@dhs.vi.gov](mailto:childcarevagrants@dhs.vi.gov)

#### **Drop-off locations:**

St. Thomas/St. John District - Office of Child Care & Regulatory Services  
1303 Hospital Ground, Knud Hansen Complex Bldg. A Suite 1  
St. Thomas, Virgin Islands 00802

St. Croix District – Office of Child Care & Regulatory Services  
#129 Golden Rock  
Christiansted, St. Croix Virgin Islands

#### **If you have questions about the application, please contact us at:**

St. Croix District

**Debbie Jagrup**

(340) 772-7147

Email: [debbie.jagrup@dhs.vi.gov](mailto:debbie.jagrup@dhs.vi.gov)

St. Thomas District

**Lori Pickering**

(340)774-0930 extension 4186

Email: [lori.pickering@dhs.vi.gov](mailto:lori.pickering@dhs.vi.gov)



**SECTION I. GENERAL APPLICANT INFORMATION**

Items with \* are required and must be completed.

*1.	Date of Application	*2.	Owner Name		
*3.	Child Care Program Name (Each site requires a separate application)	*4	Legal Business Name		
*5.	Physical Address				
*6.	Mailing Address				
*7.	OCCRS issued License #	*8.	Active SAM.GOV Registration <input type="checkbox"/> YES <input type="checkbox"/> NO		
*9.	EIN # (Employer Identification Number)	*10.	TIN# (Taxpayer Identification Number)	*11.	UEI#
*12.	Primary Telephone Number	Alternative Telephone Number		Email Address	
OPTIONAL (Item is not utilized as qualification factors and are used for statistical purposes only)					
13.	Owner Ethnicity	14.	Owner Race	15.	Owner Gender

**SECTION II. OPERATIONAL STATUS AND CHILD COUNT**

*16.	Facility Type (Select all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Day Care Center</li> <li><input type="checkbox"/> Group Day Care Home</li> <li><input type="checkbox"/> Family Day Care Home</li> <li><input type="checkbox"/> Afterschool</li> <li><input type="checkbox"/> Summer Camp</li> <li><input type="checkbox"/> Residential Home Program</li> <li><input type="checkbox"/> License-Exempt (Regulated)</li> </ul>	*17.	Number of children facility is authorized to serve: <ul style="list-style-type: none"> <li>___ Infant (0 to 1 year )</li> <li>___ Toddler (2 to 3 years)</li> <li>___ Preschool (4 to 5 years)</li> <li>___ School Age (5 to 13 yrs)</li> </ul>	*18.	Enrollment by age category in January 2020 (before COVID-19): <ul style="list-style-type: none"> <li>___ Infant (0 to 1 year )</li> <li>___ Toddler (2 to 3 years)</li> <li>___ Preschool (4 to 5 years)</li> <li>___ School Age (5 to 13 yrs)</li> </ul>
*19.	<input type="checkbox"/> Open <input type="checkbox"/> <b>Temporarily Closed</b> due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID19) public health emergency. Please give details about the temporary closure and planned date to reopen: (please attach page(s) with details).				
*20.	Days of Operation: _____ Hours of Operation: _____				
*21.	Was your program licensed/registered/certified by or before March 11, 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO				
*22.	Does your program meet Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks? <input type="checkbox"/> YES <input type="checkbox"/> NO				



**SECTION III. CURRENT AVERAGE MONTHLY OPERATING EXPENSES**

Allowable Expenses	Average Monthly Cost	
Payroll: (number of individuals [FTE] currently on payroll: _____)		
Benefits:		
Other Personnel Costs:		
Rent or Mortgage		
Facility Expenses (Utilities, Insurance, Maintenance):		
Personal Protective Equipment (PPE), including Cleaning and Sanitation Supplies and services:		
Training Expenses for Staff on Health and Safety Practices:		
Equipment and supplies in Response to COVID19:		
<b>TOTAL:</b>		
<b>Additional Costs:</b>		
Goods and Services to Maintain or Resume Services:	Amount:	Describe:
Mental Health Supports for Children for Staff:		
<b>Total:</b>		
<i>This is NOT the amount you will receive. The purpose is to calculate average monthly expenses.</i>		

**SECTION IV: USE OF FUNDS**

CATEGORY	COST
Personnel costs (wages and benefits), insurance, recruitment and retention	Amount:
Rent, mortgage, utilities, facilities maintenance and improvements	Amount:
Personal protective equipment, cleaning and sanitation supplies and services, professional development related to health and safety practices	Amount:
Purchases of or updates to equipment and supplies to respond to COVID-19	Amount:
Goods and services necessary to maintain or resume child care services (Describe: _____ _____)	Amount:
Mental Health supports for children and employees (Describe: _____ _____)	Amount:



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## SECTION V: CERTIFICATION/ATTESTATION

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked the categories I plan to fund.

**\*\*\*Note: You can move funds between categories without prior approval.\*\*\***

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive, as well as to document my compliance with the requirements described in A through G below.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:

- A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
- B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.
- C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.
- D. I will follow certain health and safety guidelines, at a minimum:
  - a. The prevention and control of infectious diseases (including immunizations); with respect to immunizations, the following provisions apply:
    - i. As part of their health and safety provisions in this area, Lead Agencies shall assure that children receiving services under the CCDF are age-appropriately immunized. Those health and safety provisions shall incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the respective State, territorial, or tribal public health agency.
  - b. Notwithstanding this paragraph (a)(1)(i), Lead Agencies may exempt:
    - i. Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts, and uncles), provided there are no other unrelated children who are cared for in the same setting.
    - ii. Children who receive care in their own homes, provided there are no other unrelated children who are cared for in the home.
    - iii. Children whose parents object to immunization on religious grounds.
    - iv. Children whose medical condition contraindicates immunization.
  - c. Lead Agencies shall establish a grace period that allows children experiencing homelessness and children in foster care to receive services under this part while providing their families (including foster families) a reasonable time to take any necessary action to comply with immunization and other health and safety requirements.
    - i. The length of such grace period shall be established in consultation with the State, Territorial or Tribal health agency.



- ii. Any payment for such child during the grace period shall not be considered an error or improper payment under subpart K of this part.
  - iii. The Lead Agency may also, at its option, establish grace periods for other children who are not experiencing homelessness or in foster care.
  - iv. Lead Agencies must coordinate with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families of children receiving services during a grace period comply with immunization and other health and safety requirements;
  - d. Prevention of sudden infant death syndrome and use of safe sleeping practices;
  - e. Administration of medication, consistent with standards for parental consent;
  - f. Prevention and response to emergencies due to food and allergic reactions;
  - g. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
  - h. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
  - i. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)) that shall include procedures for evacuation, relocation, shelter-in-place and lock down, staff and volunteer emergency preparedness training and practice drills, communication and reunification with families, continuity of operations, and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions;
  - j. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants;
  - k. Appropriate precautions in transporting children, if applicable;
  - l. Pediatric first aid and cardiopulmonary resuscitation;
  - m. Recognition and reporting of child abuse and neglect, in accordance with the requirement in paragraph (e) of this section; and
  - n. May include requirements relating to:
    - o. Nutrition (including age-appropriate feeding);
    - p. Access to physical activity;
    - q. Caring for children with special needs; or
    - r. Any other subject area determined by the Lead Agency to be necessary to promote child development or to protect children's health and safety.
- E. I will keep a record of all receipts/invoices for items or services purchased with grant funds and have them available for audit and/or submission through September 30, 2027.
- F. I agree to comply with the terms of this agreement and will return all funds not verified with appropriate receipts or proof of purchase.
- G. I understand that failure to submit documentation may disqualify me from future grants administered through the Department of Human Services, Office of Child Care and Regulatory Services.



Provider Affirmation

The following signature affirms that I will adhere to the items noted in A through G. It also affirms I will only use the funds in the areas noted in section 5 of this application.

Provider Name: \_\_\_\_\_  
Print/Sign

Date: \_\_\_\_\_

GRANT APPLICATION MUST BE

*SUBSCRIBED AND SWORN TO*

Before me, this \_\_\_\_\_day

Of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC