

**Health and Safety Training Reimbursement Program
For Child Care Providers and Child Care Center Staff**

FY July 2009-June 2010

- WHAT:** A program that will reimburse child care providers for the cost of the Health and Safety training (CPR, pediatric first aid and preventive health practices or certificate renewals) required for licensing. Up to \$100 may be reimbursed, after a \$5 co-pay. Reimbursement amount shall not exceed the cost of training.
- WHO:** All licensed center-based staff, licensed family child care providers, license-exempt child care providers and licensed-exempt in-home providers in **Long Beach, Lakewood, Signal Hill, San Pedro, Cerritos, Hawaiian Gardens, Bellflower, Avalon, Artesia, Norwalk and Wilmington**. The reimbursement is provided on a first come first served basis.
- WHEN:** Immediately through **June 30, 2010** or until funds are exhausted.
- WHERE:** Participants may attend training from any approved Emergency Medical Services Authority (EMSA) training institute or trainer. The training institutions listed below are familiar with Children's Home Society of California's Reimbursement Program. Please call CHS for a list of additional trainers.

American Red Cross
(562) 595-6341 ext. 227 & 229

American Heart Association
(877) 242-4277 or (562) 427-7473

American First Aid
(888) 288-8400

John Tyler & Associates

CPR, First Aid and Lifeguarding Courses

Serving California & Hawaii

Toll free (866) 530-4117

www.JTACPR.com

jtyler@JTACPR.com

Service Compassion Integrity

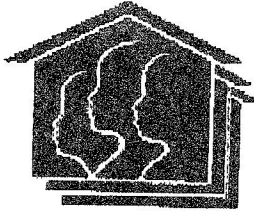
*"The gift of life flows
through your hands"*



John Tyler
Owner

 **HOW:**

- Complete the CPR/First Aid/Health & Safety Training Verification Form on the back of this flyer.
- Attach a copy of your **receipt or canceled check** and a copy of your **CPR cards** or a copy of **Health and Safety certificate** indicating that you have passed CPR/First Aid course.
- Send CPR/First Aid/Health & Safety Training Verification Form, receipt or canceled check and a copy of CPR cards or a copy of Health and Safety certificate to CHS (address is on the top right corner of the CPR/First Aid/Health & Safety Training Verification Form)



CHILDREN'S
HOME
SOCIETY OF
CALIFORNIA

Long Beach Office
330 Golden Shore, Suite 20
Long Beach, CA 90802
PHONE: (562) 256-7400

Health and Safety Training Reimbursement
Contract #113

FY July 2009-June 2010

CHILD CARE PROVIDER /CENTER
CPR/FIRST AID/HEALTH & SAFETY TRAINING VERIFICATION
REIMBURSEMENT APPLICATION

Please Print All Information

INDIVIDUAL PROVIDER NAME:		SOCIAL SECURITY #:	
FACILITY NAME:		TAX ID# (CENTERS):	
MAILING ADDRESS:			
CITY & ZIP CODE: (Must include zip code)		PHONE: (Please include area code)	
I AM: <input type="checkbox"/> A LICENSED FAMILY CHILD CARE PROVIDER (License No. _____) <input type="checkbox"/> APPLYING TO BECOME FAMILY CHILD CARE PROVIDER (Date of licensing Orientation I attended: _____) <input type="checkbox"/> A FAMILY CHILD CARE ASSISTANT OR AIDE		<input type="checkbox"/> A LICENSE EXEMPT CHILD CARE PROVIDER (Baby sitter/Nanny) <input type="checkbox"/> THIS IS A CENTER REIMBURSEMENT <input type="checkbox"/> A CHILD CARE CENTER DIRECTOR/TEACHER	
FOR INDIVIDUAL REIMBURSEMENT ONLY *Reimbursement is up to \$100.00 per person		TOTAL COST OF TRAINING \$ _____ LESS CO-PAY (\$5.00 PER PERSON) \$ 5.00 TOTAL REIMBURSEMENT (TO BE COMPLETED BY CHS) \$ _____ *Please attach a receipt verifying payment*	
FOR CENTER REIMBURSEMENT ONLY (MAXIMUM 5 STAFF PER FACILITY) *Reimbursement is up to \$100.00 per person		TOTAL COST OF TRAINING \$ _____ LESS CO-PAY (\$5.00 PER PERSON) \$ _____ TOTAL REIMBURSEMENT (TO BE COMPLETED BY CHS) \$ _____	
CPR/FIRST AID TRAINING COMPANY: <i>John Tyler + Associates</i>			
PARTICIPANT'S SIGNATURE: (Verifying all information is correct)		DATE:	

SUBMIT THIS FORM WITH COPIES OF YOUR RECEIPT OR CANCELLED CHECK AND COPIES OF BOTH SIDES OF THE CPR/FIRST AID CARDS OR A COPY OF HEALTH/SAFETY CERTIFICATE TO: CHILDREN'S HOME SOCIETY OF CALIFORNIA at address listed above.

PLEASE ALLOW 6-8 WEEKS FOR A REIMBURSEMENT
FOR MORE INFORMATION CONTACT: Myriam Silva at (562) 256-7400 or (562) 256-7490