



July 2009

Dear Child Care Provider,

**From May 16, 2009 through June 30, 2010 or until the funding runs out**, the State of California will continue to make Health & Safety scholarship funding available for up to \$65.00. Each child care provider will be reimbursed for the cost of the training less \$5.00. (i.e. \$60.00 for cost of training - \$5.00 = \$55.00 reimbursement or \$25.00 cost of renewal - \$5.00 = \$20.00 reimbursement). The Health & Safety scholarship funding is to be used for:

- Renewal of CPR/First Aid training from May 16, 2009 – June 30, 2010.
- Newly licensed and licensed-exempt providers who have taken the 15 hours Health & Safety Training (Pediatric CPR, Pediatric First Aid and Health & Safety Training) from May 16, 2009 – June 30, 2010 in Ventura County.

The Health and Safety training funds are being used to provide scholarships to assist family child care providers, individual child care center staff members, licensed-exempt child care providers and in-home providers in completing prescribed training on preventive health practices per AB243.

At least one director or teacher at each child care center and each licensee of a family day care home shall have 15 hours of training on preventive health practices. **This grant will reimburse a family child care licensee and one adult assistant (small FCC) or 2 adult assistants (large FCC) per funding year (July 2009-June 2010). This grant will also reimburse 3 individual staff members of a child care center per funding year.**

- The training includes pediatric CPR, pediatric first aid; recognition, management, and prevention of infectious diseases, including immunizations, and prevention of childhood injuries. The training may also include sanitary food handling, child nutrition, emergency preparedness and evacuation, caring for children with special needs, and identification and reporting of signs and symptoms of child abuse.
- The Pediatric CPR and Pediatric First Aid must be taken from an **EMSA approved training institution in Ventura County.**
- Individuals can apply for reimbursement one time during the funding cycle.

If you have taken the Health and Safety training course or have renewed your CPR/First Aid training since May 16, 2009 and are a licensed family child care provider, an individual child care center staff member, licensed-exempt child care provider or in-home provider, you are eligible to apply for the scholarship grant. Please complete the Health and Safety Grant Application form on the reverse side and mail to CDR.

**The funding is available on a first come, first serve basis.** Classes must be completed and application **submitted by June 01, 2010.**

If you have any questions, please call Christina Sandoval at (805) 485-7878, extension 567.

# HEALTH & SAFETY GRANTS APPLICATION FORM

Reimbursement Application

Funded by the California Department of Education – Child Development Division

Participant's

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Social Security Number or Tax Identification Number: \_\_\_\_\_

**Please Check:**

Licensed Center Base Staff: Position: \_\_\_\_\_

Licensed Family Child Care Provider

Licensed-Exempt Child Care Provider

**License Information:**

Name of Facility: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

Facility Address: \_\_\_\_\_

**(Licensed exempt only) Name of family you are providing care for:** \_\_\_\_\_

**Training Information:**

Name of Course: EMSA Pediatric CPR & Pediatric First Aid # Of Hours: 8

Name of Training Institution: John Tyler and Associates Safety Training

\$ 70 ea

Date of Training: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

participant

**Important! Please Submit:**

- Individual Application Form
- Copy of front & back of issued card
- Cards must be **signed by instructor & participant**
- **Individual receipt of payment for class with participant's name**

**Mail to:** Christina Sandoval

Child Development Resources of Ventura County, Inc.

221 E. Ventura Boulevard

Oxnard, CA 93036

**CDR Use Only**

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

Sent to Finance: \_\_\_\_\_

Training Cost: \_\_\_\_\_

-\$5-

=

(exceeding amount)

(Total)

\_\_\_\_\_  
R&R Specialist Signature

\_\_\_\_\_  
R&R Supervisor Signature

**(PLEASE SEE REVERSE FOR GRANT INFORMATION)**