

YMCA Childcare Resource Service

640 Escondido Ave • Suite 108 • Vista • CA 92084-6166 • 760.726.9100 • Fax 760.726.4352

Health & Safety Training Grant APPLICATION GUIDELINES

YMCA Childcare Resource Service (CRS) has received funds to assist child care providers complete Health and Safety training as outlined in AB243. Eligible participants will receive training vouchers for up to \$65.00 to submit in lieu of full payment for training in CPR, CPR Renewal, First Aid and Preventive Health Practices. Participants will be required to pay a \$5 co-payment to the trainer for CPR, CPR Renewal and First Aid and a \$10 co-payment for Preventive Health Practices.

Eligibility is open to:

- Licensed or license-exempt center-base staff – working at a child care center that is either licensed by Community Care Licensing (CCL) or is legally license-exempt.
- Licensed family child care providers – licensed by CCL to provide child care in their home.
- License-exempt child care providers (Trustlined) – providing child care for one family on a child care subsidy program.
- In-home child care providers (Trustlined) – providing care in a child's home and has been fingerprinted through Trustline.

To participate, please follow these steps:

Apply:

Read *Application Guidelines* and *Application Notes* thoroughly

Complete application (**print clearly**) and return attached application to: YMCA Childcare Resource Service
Health & Safety Training Grant
640 Escondido Ave Suite 108
Vista, CA 92084-6166

Enroll:

- **Upon receipt of training vouchers**, refer to our CATS Community Calendar—Health & Safety section or our Website at www.ymcacrs.org for training classes.
- **To enroll**, contact training class instructor prior to training date. Be sure to let the trainer know you need training classes for child care providers. Class must be taught by an **EMSA approved training agency**.

Note: Your vouchers will only be honored by EMSA approved training agencies/trainers contracted with CRS to accept vouchers in lieu of payment.

Attend training:

- Present *correct CRS training voucher*, **plus your co-payment**, on the day of class. *Note:* Some trainers require the co-payment prior to class to hold your space. *Payment is often non-refundable.*
- CRS cannot mediate payment disputes between trainer and participant.
- You must attend full training hours for each class: CPR - 4hrs 1st Aid - 4hrs Health Practices - 7hrs
- Course cards will be issued at the end of class or mailed to you by the trainer **not CRS**.
- CRS does not recommend nor regulate training agencies. **Trainers are not employees of CRS**. Course content approval and guidelines are the sole responsibility of the Emergency Medical Services Authority (EMSA).

Vouchers:

- **Training vouchers must be used within 60 days of issue date and are not transferable for any reason.**
- **Grant money assigned to vouchers that are *not used* by the expiration date listed will be re-assigned to other applicants.**

If you have concerns about the content or length of your class, please call Laurie Han at (760) 726-9100 x 3350 for reporting information.

Application may be duplicated, but must include Application Guidelines and Application Notes

These funds made possible through a grant from the
California Department of Education, Child Development Division for Quality Improvement.

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Health & Safety Training Grant APPLICATION NOTES

The Health & Safety Training Grant includes reporting guidelines set up by the California Department of Education (CDE) that must be followed by agencies receiving grant money. The attached application requests information that is required in our report to CDE at the end of the grant year. Because of this, **all applications that are not legible and complete will be returned to the applicant.** *The following notes will assist you with completing the application accurately.*

- Applicant information must be complete and list home address, not center or other work address.
- Home telephone must be listed.

Licensed or License-Exempt Center-based Staff section:

- List actual work site not branch or agency address.
- One director or teacher with 15 hrs of CPR, 1st Aid and Preventive Health Practices is required by Licensing to be on-site at all times.
- If funds are available, we will issue vouchers to the director, assistant director and 1 to 2 teachers (see application).
- Vouchers will not be issued to all staff employed at a center.
- We understand that some center administrators require all staff to have current CPR and First Aid cards, but this is not required by Licensing.
- Number of classrooms: Please list only actual classrooms currently in use.
- Contact person should be the director or site supervisor.
- "My position" refers to applicant's position.

Licensed Family Child Care section:

- Complete only the licensed Family child Care section/box (not In-home or Center sections)
- If you are in the application process, check "Pending."
- Indicate "small" (6-8 children) or "large" (12-14 children) license.
- A maximum of **three** people per family child care home will be considered for vouchers. This must include each licensee, as per Licensing requirements. A full time, primary helper may be included.

In-home Child Care Provider section:

- List nanny agency or parent as "employer."

License-Exempt Child Care Provider section:

- If you are providing care to a family on a child care subsidy program (AP, CalWORKs), list parent information as "employer."

While we would like to issue training vouchers to everyone who applies, the Health & Safety Grant has a specific amount of money to use for training. San Diego County has more than 1000 license and legally license-exempt centers and over 3900 licensed family child care providers. There are also numerous nanny agencies (Trustline In-home Providers) and license-exempt childcare providers (Trustline providers caring for one family) in our county. Because of this, YMCA Childcare Resource Service must restrict the number of applicants receiving vouchers and issue vouchers only while money is available.

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Health & Safety Training Grant APPLICATION

**Please read Application Guidelines & Notes BEFORE completing application.
Incomplete & illegible applications will be returned.**

PLEASE PRINT

Name: _____
(First) (Last) (Middle initial)

Home address: _____

(City) (State) (Zip) Home phone: () _____

Check one and fill out an appropriate box:

Center-based Staff: <input type="checkbox"/> Licensed <input type="checkbox"/> Exempt
Employer: _____
Site address: _____ _____
My position: <input type="checkbox"/> Director <input type="checkbox"/> Asst. Director <input type="checkbox"/> Teacher
Contact person: _____
Title: _____ Phone: () _____
of Base Staff: _____ # of classrooms: _____

<input type="checkbox"/> Licensed Family Child Care
<input type="checkbox"/> Large License
<input type="checkbox"/> Small License
<input type="checkbox"/> License Pending
Position:
<input type="checkbox"/> Licensee
<input type="checkbox"/> Co-licensee
<input type="checkbox"/> Assistant to
_____ (Licensee name)
() - _____ (Licensee phone)

<input type="checkbox"/> Trustline In-home Provider	<input type="checkbox"/> Trustline License-exempt Child Care Provider
Employer: _____	Phone: () _____
Address: _____	

Indicate which Health & Safety classes you need to complete:

- CPR (New) Renew CPR * (attach copy of current card) Expired Date: _____
 First Aid Preventive Health Practices (Injury Prevention/Disease Control)

Have you received YMCA CRS Health & Safety Training Voucher(s) in the past? Yes No

* Vouchers for CPR Renewal will be mailed out 2 months prior to expiration date.

Applicants please read and sign
I have received, read and understand the Health & Safety Training Grant Application Guidelines and Application Notes . I understand that vouchers are being issued on a priority basis to applicants who have not received vouchers in previous years.
Signature: _____ Date: _____

If you need help filling out this application, please call 760-726-9100 ext. 3350(for English) or 800-481-2151 (for Spanish).

Office Use Only

Approved Denied _____ Vouchers mailed: _____
Date: _____ Date: _____