

**Division of Children and Family Services
 Child Care Subsidy Provider
 Health & Safety Training Verification**

Intended Audience: Child Care Subsidy Providers

Provider & Facility Name: _____

Address: _____ Phone Number: _____

Subsidy Number: _____ License Number: _____

As agreed upon in your Child Care Provider Subsidy Agreement, providers who care for children receiving Subsidy are required to complete and maintain health and safety training, including Nebraska's orientation training *Prepare to Care* and pediatric first aid & cardiopulmonary resuscitation (CPR). Providers must complete both trainings before enrollment can be approved; new staff may complete the training within the first 90 days of employment but must be supervised by a certified staff member or provider until training is completed.

Please submit the following information regarding *Prepare to Care* and pediatric first aid/CPR training completion for your child care program to your assigned Resource Developer. Directors must also submit a copy of their certifications.

*For staff who have not completed the required training, please provide their *projected* dates of completion for each training and their hire date.

If additional space is needed, please submit the same information on another sheet of paper.

Staff Name:	Position/Title:	Prepare to Care:	Pediatric CPR/First Aid:	Hire Date (for staff w/out training):
<i>Ex. Jane Doe</i>	<i>Volunteer</i>	<i>10/10/2021</i>	<i>10/15/2020</i>	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Failure to submit this information may result in the closure of your Child Care Subsidy Agreement. Verification of completion of these trainings may be requested upon the Department's review.

Director Signature: _____ **Date:** _____

Director signature attests the above information is true and accurate.