



**DEPT. OF HEALTH AND HUMAN SERVICES** 

## Child Care Center Request for Pediatric First Aid/CPR Reimbursement

Provider Name:	Phone Number:		
Flovider Name.	Phone Number:		
Provider Address:	City:	Zip:	
Recent federal changes made with the providers who care for children receive (CPR).		•	•
Child Care Centers receiving Subsidy a and certified in Pediatric First Aid/CPF once all staff have been certified betweeceipts to this document once all recertification completion date below. paper.  Send form to: Child Care Subsidy, PC	R. Child Care Centers may be eligible veen 10/1/2018 through 3/31/2019 quired staff have been certified. List If more spots are needed, please su	e for up to 50% reimbursement of the for up to 50% reimbursement of the formation cards along we the staff, their employment title, a submit the same information on anot	ne total cost, vith paymen nd her piece of
Name of Staff:	Position/Title:	Date of First Aid/CPR Com	pletion:
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Helping People Live Better Lives

Director signature above attests the above information is true and accurate.

Director Signature: \_\_\_\_