



DEPT. OF HEALTH AND HUMAN SERVICES

Child Care Provider Pediatric First Aid/CPR Training Verification

Provider Name:	Phone Number:	
Provider Address:	City:	Zip:
Recent federal changes made with the reaproviders who care for children receiving (CPR). All Subsidy providers are now required the children trained and certified in Pediatric (CPR).	Subsidy to complete Pediatric First Ai ired to have all of directors, staff, and	d and Cardiopulmonary Resuscitation
Please submit the following information romore spots are needed, please submit the	same information on another piece	of paper.
Send form to: Child Care Subsidy, PO Box	k 95026, Lincoln, NE 68509 or email t	o: dhhs.ccsubsidy@nebraska.gov
Name of Staff:	Position/Title:	Date of First Aid/CPR Completion:
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