

## **Child Care Subsidy Provider Health and Safety Orientation Training Verification**

Provider Name:	Phone Number:	
Provider Address:	City:	Zip:
License Number:	Subsidy Provider ID/Organization Number:	
Recent federal changes made with the rea providers who care for children receiving schildren they provide care for, and comple	Subsidy to complete specific health and	·
Nebraska has developed a training called <i>I</i> providers are now required to have all of one prepare to Care Training.	·	
Please submit the following information regarding staff training for your child care center to <b>Child Care Subsidy, PO Box 95026, Lincoln, NE 68509</b> or <a href="mailto:dhhs.ccsubsidy@nebraska.gov">dhhs.ccsubsidy@nebraska.gov</a> no later than <a href="mailto:d8/30/2019">08/30/2019</a> . If more spots are needed, please submit the same information on another piece of paper:		
Name of Staff:	Position/Title:	Date of Prepare to Care Training Completion:
1.		,
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Failure to submit this information may result in closure of your Child Care Subsidy Agreement.  Director Signature:		

Director signature above attests that all information provided is true and accurate.