



Application for the 2017-18 CDE

The California Department of Education has awarded Solano Family & Children's Services (SFCS) funding to reimburse a limited number of childcare providers for training that pertains to health and safety requirements. Child care center staff, family child care providers and their staff, and license-exempt caregivers are eligible to apply for this reimbursement funding.

Reimbursement Guidelines:

PLEASE NOTE THE FOLLOWING GUIDELINES FOR THE 2017-18 HEALTH & SAFETY GRANT:

- You cannot receive reimbursement if you are in the process of becoming licensed, *unless* you are currently caring for children as a license-exempt provider. If you are working towards getting your license, but have no children in care, please wait until you are licensed to submit an application.
- There is a **LIMIT** to the number of reimbursements per facility.
 - * **THREE** people per child care center facility
 - * **TWO** people per family child care facility
 - * **ONE** person per license-exempt child care arrangement
- Reimbursements are made on a FIRST-COME, FIRST-SERVED BASIS.
- Only **complete** applications meeting criteria described below will be eligible for reimbursement.

In order to qualify for this reimbursement, you must:

- A. Be a licensed family child care provider or assistant, child care center staff person, or a license-exempt provider who is currently caring for children;
- B. Be a resident of Solano County;
- C. Have completed the course AFTER JUNE 30, 2017 and BEFORE JULY 1, 2018;
- D. Submit a **complete** application with the following for EACH applicant:
 - A copy of your receipt or cancelled check showing payment for each course, **AND**
 - A copy of each certificate, official card, or signed health & safety documentation verifying completion of the EMSA approved or EMSA-exempt organization course.

Reimbursements are for the following EMSA approved or EMSA-exempt Health & Safety training ONLY

Pediatric First Aid/Injury Prevention	\$25.00
Adult and Pediatric CPR	\$25.00
Preventative Health & Safety	\$25.00

PLEASE NOTE: EACH PARTICIPANT SHALL BE RESPONSIBLE FOR AT LEAST A \$5 COPAY FOR EACH TRAINING SEGMENT

- * The **maximum** reimbursement is \$75.00 per applicant; please see the reimbursement schedule above.
- * Payment will be issued to purchaser of training, as appears on receipt.
- * Application must be **complete**. A separate application is required for each applicant.
- * Submitting an incomplete application or failure to attach required documentation will result in a **DENIED** application.
- * Please allow up to 90 days for reimbursement. Please maintain a copy of application and guidelines for your records.

Finding Certified Health & Safety Training: Training organizations market their business online, in the phonebook, newspaper, or by word of mouth. When you contact an organization, be sure that the course covers the required components for licensed child care providers, and offers official cards of completion and training manuals. For more information, contact:

American Heart Association	American Red Cross	EMSA Approved Training
www.heart.org 1-877-242-4277	www.redcrossbayarea.org 1-800-733-2767	www.emsa.ca.gov 1-916-322-4336
CPR & First Aid courses must include Pediatric & Adult.	CPR & First Aid courses must include Pediatric & Adult.	EMSA stickers must be affixed to all Certification.

2017-18 HEALTH & SAFETY REIMBURSEMENT APPLICATION

Refer to the opposite side of this document for reimbursement guidelines and requirements

COMPLETE AND RETURN THIS APPLICATION WITH THE REQUIRED DOCUMENTS LISTED BELOW:

- A copy of your receipt or cancelled check showing payment for each course, **AND**
- A copy of: each certificate, official card (front & back), or signed health & safety documentation showing completion of the EMSA approved course or EMSA-exempt organization course (i.e. American Red Cross or American Heart Association). Please remember that eligible courses must have been taken after June 30, 2017 & before July 1, 2018.
- Please ensure that each applicant has a separate application.

PLEASE PRINT CLEARLY

Participant Name: _____

Participant Address: _____ City: _____ Zip: _____

Participant Phone No.: (____) _____ Alternate Phone No. (____) _____

Employer Name: _____ Participant Position: _____

Work Site Name: _____ License No.# _____

Work Site Address: _____

Payee's Name: (if different than participant) _____

Payee's Address: _____ City: _____ Zip: _____

Please check all that apply to the workshop participant:

- Licensed Family Child Care Provider
- Family Child Care Assistant
- Child Care Center Employee
- License-Exempt Provider

Please check the approved workshop(s) that you are requesting reimbursement for:

- Pediatric First Aid/Injury Prevention
- Adult & Pediatric CPR
- Preventative Health & Safety

Please submit completed applications with the required documents to:

Solano Family & Children's Services

Attn: Rayma Ware

421 Executive Court North

Fairfield CA 94534

For additional information, contact Rayma Ware (707) 864-4612

APPROVED

PARTIAL APPROVAL

DENIED - Reason:

- Not within eligibility dates
- Not EMSA or EMSA-exempt approved
- Not Solano County resident
- Not currently caring for children
- Facility has exceeded maximum # of applicants
- Insufficient documentation

Notes: _____

For Office Use Only

Reviewed by: _____

Total cost of training: \$ _____

Minus required copay: - \$ _____

Total amount approved: = \$ _____