



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE

2019-2020 Health & Safety Training Grant

APPLICATION GUIDELINES

YMCA Childcare Resource Service (CRS) has received funds to assist child care providers complete Health and Safety training as outlined in AB243. Eligible participants will receive training vouchers for up to \$95.00 to submit in lieu of full payment for training in CPR, First Aid and Preventive Health Practices. Participants will be required to pay a \$5 copayment to the trainer for CPR and/or First Aid and a \$10 copayment for Preventive Health Practices training.

Health & Safety Training Grant Eligibility Is Open To:

- Licensed and potential family child care providers: Licensed by CCL or license in process to provide care in provider's own home.
- Licensed or license-exempt center-base staff: Working at a child care center that is either licensed by Community Care Licensing (CCL) or is legally license-exempt.
- License-exempt child care providers (TrustLine): Caring for child(ren) of one family on child care subsidy program.
- In-home child care providers (TrustLine): Caring for a child at the child's home and has been fingerprinted through TrustLine.

To Participate, Follow These Four Steps:

1. Read and Apply

- **Read** the *Application Guidelines* and the *Application Notes* thoroughly
- **Complete one application per person**; print clearly and **return it in person** or **by mail or fax** to:

YMCA Childcare Resource Service
Health & Safety Training Grant
3333 Camino del Rio South, Suite 400
San Diego, CA 92108
Fax: 619-521-3050; ATTN: H&S Grant

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2020!

2. Enroll In Training Class

- Contact training class instructor prior to training date. Be sure to let the trainer know you need training classes for child care providers. Class must be taught by an EMSA approved training agency.
Note: *Vouchers will only be honored by EMSA approved training agencies/trainers contracted with CRS to accept vouchers in lieu of payment.*

3. Attend Training

- Present *correct CRS training voucher*, plus copayment, on the day of class.
Note: *Trainer may require copayment prior to class to hold space and payment may not be refundable.*
- CRS cannot mediate payment disputes between trainer and participant.
- Participant must attend full training hours for each class:
CPR – 4 hours First Aid – 4 hours Health Practices – 8 hours
- Course cards will be issued at the end of class or mailed to participant by the trainer; not CRS.
- CRS does not recommend nor regulate training agencies. Trainers are not employees of CRS. Course content approval and guidelines are the sole responsibility of the Emergency Medical Services Authority (EMSA).

4. Use Assigned Vouchers

- Training vouchers must be used within 60 days of issue date and are not transferable for any reason.
- Grant money assigned to vouchers that are *not used* by the expiration date listed on the voucher, will be re-assigned to other applicants.

Correctly completed applications will be processed within two weeks from date of receipt. Vouchers will be assigned on a first come, first serve basis as funding is available. For questions, contact Michelle Jimenez at mjimenez@ymca.org or 619-521-3055 Ext. 2323.

Health & Safety Grant funds are made possible through the California Department of Education, Child Development Division for Quality Improvement.



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APPLICATION NOTES

The Health & Safety Training Grant includes reporting guidelines set up by the California Department of Education (CDE) that must be followed by agencies receiving grant money. The attached application requests information that is required in our report to CDE at the end of the grant year. Because of this, **all applications that are not legible and complete will not be processed and will be returned to the applicant.**

The following notes will assist with completing the application accurately. Every applicant must:

- List their full name
- List their home address, not the center or other work address. Work address will be required for center staff in the corresponding shaded box
- List their telephone number and email address
- Must sign and date the application
- Complete only one of the shaded boxes: *Family Child Care, Child Care Center, or TrustLine Provider*
- Sign and date the application

Licensed & Potential Family Child Care Provider (Residents of SD County): Complete *Family Child Care* box only.

- If license application is in process, check "License Pending"
 - If licensed, check either "Small" (6-8 children) or "Large" (12-14 children) license
 - "My Position" refers to applicant's position
 - Indicate the name and telephone number of the licensed provider
- A maximum of four people per family child care home will be considered for vouchers. This must include each licensee (up to 2), as per Community Care Licensing (CCL) requirements, and two assistants*

Licensed or License-Exempt Child Care Center Staff: Complete *Childcare Center* box only.

- Mark if the center, place of employment, is licensed by CCL or if it is legally license-exempt
- List employer/school name
- List the actual work site address; not branch or agency address
- "My Position" refers to applicant's position
- List the center director/applicant's supervisor name and telephone number
- List only the actual number of classrooms currently in use and the number of center staff

One director or teacher with CPR, First Aid and Preventive-Health Practices is required by Licensing to be on-site at all times. Some center administrators require all staff to have current CPR and First Aid cards, but this is not required by CCL. Vouchers are available to the director, assistant director, school site supervisor, and one teacher per classroom. Vouchers will not be issued to all staff employed at a center.

TrustLine Provider: Complete *TrustLine Provider* box only.

- If applicant cares for children in their own home and has completed the TrustLine process, check "In-home Provider" and list nanny agency or parent's name and their contact information as "employer"
- If applicant cares for children whose family is on a child care a subsidy program (applicant gets paid by Alternative Payment, CalWORKs), check "License-exempt Provider" and list parent name and their contact information as "employer"

While we would like to issue training vouchers to all applicants, the Health & Safety Grant has a specific amount of money to use for training. San Diego County has more than 1400 license and legally license-exempt centers and over 3400 licensed family child care providers. There are also numerous nanny agencies (TrustLine In-home Providers) and license-exempt child care providers (TrustLine providers caring for one family that are not required to be licensed) in our county. For this reason, YMCA Childcare Resource Service must restrict the number of applicants receiving vouchers and will issue vouchers only while money is available.



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APPLICATION

Read *Application Guidelines & Notes* BEFORE completing this application.

Incomplete & illegible applications will not be processed and will be returned to applicant.

PLEASE PRINT CLEARLY. Submit one application per applicant. *Application must be received by 4/1/2020.*

Applicant Name _____
First Name Last Name Middle Initial

Applicant Home Address _____
Street (Include Apt/Unit #) City Zip Code

Telephone (____) _____ - _____ **Email** _____

Please fill out ONLY ONE of the shaded boxes below.

Family Child Care (Must reside in San Diego County) License Pending Small License Large License
My Position Licensee Co-licensee Assistant
Licensee Name _____ Telephone (____) _____ - _____

Child Care Center Licensed Center License Exempt Center
Employer/School Name _____
Center/School Address _____
Street (Include Suite #) City Zip Code
My Position Director Assistant Director School Site Supervisor Teacher
(Before/After School Program Only)
Director/Supervisor Name _____ Telephone (____) _____ - _____
Number of Classrooms currently in use _____ Number of Center Staff _____

TrustLine Provider In-home Provider License-exempt Provider
Employer _____ Telephone (____) _____ - _____
Address _____
Street (Include Suite #) City Zip Code

Check box for each class needed CPR First Aid Preventive Health Practices

Need to renew CPR/First Aid: **Attach copy of current cards.** *Apply within 2 months of expiring.*

Expiration Dates _____

Have you received YMCA CRS Health & Safety Training Vouchers in the past? Yes No

Applicant please read the following statement and sign below.

I have received, read and understand the Health & Safety Training Grant Application Guidelines and Notes.

Applicant Signature _____

Today's Date _____

APPLICATION MUST
BE RECEIVED BY
APRIL 1, 2020