## CARE ABOUT CHILDCARE AT UTAH STATE UNIVERSITY

## **Pathways Program Application**

Full Name:	Date:
Name of Program:	Director:
Start Date (Month/Year):	Position Title:
Email:	Phone:
	Requirements:
<ul><li>Be currently employed at a l</li><li>Complete Career Ladder Le</li></ul>	icensed child program in Box Elder or Cache County vel 1
<ul> <li>Complete one course on che Reveal the Meaning</li> </ul>	allenging behavior, like Quorum: Challenging Behavior:
<ul> <li>Watch a PowerPoint about of CDA</li> </ul>	continuing professional development and obtaining a
<ul> <li>Upload proof of current first</li> </ul>	aid and CPR
C	Caregiver Will Receive:
	grant focused on language and literacy using on open ended activities
<u>Return complete</u>	ed application to lisa.reeder@usu.edu
	nowledging that funding for this program is limited and applicants ated on a first come, first served basis.
Applicant Signature:	Date:
CAC Staff Signature:	Date:

This program funding is year to year and is only for providers and programs in Cache, Box Elder or Rich Counties.

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