



# Safe With You

## Train-the-Trainer Application

Training Date: April 24, 2014  
Time: 8:30 a.m. - 12:30 p.m.  
Training Location: ESU #3, 6949 S 110<sup>th</sup> St., Omaha, NE 68128

Return application by April 18, 2014

Name \_\_\_\_\_

Agency \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please circle preferred contact: work or home

\*Staff employed at centers with a non-compliance report from the Department of Health and Human Services Child Care Licensing are not eligible for the training-of-trainers.

### The preferred qualifications for Safe With You trainers are:

- Have previously taken Safe With You training, or has experience working in child protection, nursing or public health.
- Have 3-5 years of experience operating an early childhood care and education program.
- Have worked in an early childhood care and education program with a history of licensing compliance.
- Understands safe sleep practices, child abuse reporting requirements and ways to reduce stress in your own life.
- Understands health and safety practices in general related to early childhood care and education.
- Has at least 1-2 years of experience as a trainer.





# Safe With You Train-the-Trainer

## Letter of Agreement

I have read the training application and preferred requirements for Safe With You, and understand the training and responsibilities as a trainer. I understand the personal and professional time commitment necessary for participation. I have discussed this with the organization I represent and my employer to be sure they understand the implications of this agreement.

I agree to:

- Complete the **Safe With You** Train-the-Trainer program
- Complete and return all the paperwork required by the Early Childhood Training Center
- Work with the Early Learning Connections Coordinator to promote, coordinate and deliver the Safe With You training
- Deliver at least one Safe With You training every 12 months if requested. If unable to fulfill this obligation, I will return all Safe With You Training resources to the Early Childhood Training Center.
- Stay current on any updates made to the Safe With You Training

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Participant Signature/Date

Employer

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Supervisor Signature (if applicable) and Date

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*For questions contact: Mary Beth Pistillo, 402-557-6893, [Marybeth.pistillo@nebraska.gov](mailto:Marybeth.pistillo@nebraska.gov)*

Return to:  
NDE/Early Childhood Training Center  
6949 South 110 Street  
Omaha NE 68128  
FAX 402-557-6890