Provider's Name _____

FAMILY/GROUP FAMILY DAY CARE PROVIDER ANNUAL TRAINING RECORD

(From _____/_____ through _____ / _____)
Mo. Yr. Mo. Yr.

Your training year and your license year cover the same period of time (12 mos.) You are required to have 16 hours of training on a yearly basis. Please attach training certificates.

DATE OF TRAINING	SUBJECT OR DESCRIPTION OF TRAINING	WHERE TRAINING WAS GIVEN	SPEAKER OR INSTRUCTOR	# OF HOURS	YOUR EVALUATION OF THE TRAINING
	Active Supervision - Yearly				
	Sudden Unexplained Infant Death - Yearly				
	Abusive Head Trauma - Yearly				
	Child Growth & Development/ Behavior Guidance - Yearly				
	First Aid – every other year – CANNOT BE TAKEN ONLINE				
	Infant/Child CPR – every other year - CANNOT BE TAKEN ONLINE				
	Child Passenger Restraint Systems – every 5 years				

Additional ongoing training subjects to meet the annual 16 hour training requirement must be selected from the following options:

- Learning environment and curriculum
- Assessment and planning for children's individual needs
- Interactions with children
- Families and communities
- Health, safety and nutrition
- Program planning and evaluation
- Cultural dynamics and /or disabilities training

DATE OF TRAINING	SUBJECT OR DESCRIPTION OF TRAINING	WHERE TRAINING WAS GIVEN	SPEAKER OR INSTRUCTOR	# OF HOURS	YOUR EVALUATION OF THE TRAINING