

## Training & Tracking Information for Child Care Providers & Staff

Please fill out this form annually and return a copy to the county licensor. Include information as requested for all co-applicants, second caregivers, helpers and substitutes on the backside of this form. Retain a copy of this form for your records.

- Please use exact dates (mm/dd/yy)
- Copies of training certificates or a Develop Learning Record for each session attended by every provider, helper or substitute must be kept on file and available for licensor review during relicensing visits or upon request at other times.
- License holders are required to document the date that a background study form was sent in to the agency and contact their licensor to inquire about the status of the study if a response has not been received from the agency within 45 days of the date it was sent.

Provider's Name \_\_\_\_\_ Date \_\_\_\_\_

BGS (Background Study) submitted \_\_\_\_\_ (Every 5 years) BGS received \_\_\_\_\_ 45 day follow up if not received \_\_\_\_\_

Annual Training Hours -16 total hours required each year (Includes required trainings listed below in the year the class was completed)

Name of Training	Date	# of Hours
CPR (Every 2 years)		
First Aid (Every 2 years)		
Sudden Unexpected Infant Death (Class every 2 years)		
Abusive Head Trauma (Class every 2 years)		
SUID/AHT Videos (Viewed on the off year from the classes)		
Active Supervision (2 hours every licensing year) Title of Class:		
Child Development and Learning & Behavior Guidance (2 hours every licensing year; Knowledge & Competency Framework I or II.C) Title of Class:		
Health and Safety I (Completion due by 12/31/2022 and then every 5 years) * Meets the annual Active Supervision training requirement in the year taken		
Health and Safety II (Completion due by 12/31/2022 and then every 5 years) * Meets the annual Active Supervision training requirement in the year taken		
Child Passenger Restraint (Required only if transporting children under age 9 - every 5 years)		

Name \_\_\_\_\_

- Check one: \_\_\_\_\_ Co-applicant or second caregiver used 30+ times in a 12 month period  
 \_\_\_\_\_ Second caregiver (18 or older used less than 30 times in a 12 month period)  
 \_\_\_\_\_ Substitute (from 31 hours to 30 days in a 12 month period)  
 \_\_\_\_\_ Substitute (30 hours or less in a 12 month period)  
 \_\_\_\_\_ Substitute (Emergency Only)  
 \_\_\_\_\_ Helper (Ages 13-17)

BGS (Background Study) submitted \_\_\_\_\_ (Every 5 years) BGS received \_\_\_\_\_ 45 day follow up if not received \_\_\_\_\_

Name of Training	Date	Hours
CPR (Every 2 years)		
First Aid (Every 2 years)		
Sudden Unexpected Infant Death (Class every 2 years)		
Abusive Head Trauma (Class every 2 years)		
SUID/AHT Videos (Viewed on the off year from the classes)		
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Health and Safety II (Completion due by 12/31/2022 and then every 5 years) * Meets the annual Active Supervision training requirement in the year taken		
Child Passenger Restraint (Required only if transporting children under age 9 - every 5 years)		

\* Please make additional copies of this page and complete as needed for additional co-applicants, second caregivers, helpers, and substitutes (including emergency only substitutes).