LISTING OF TRAININGS COMPLETED BY FACILITY AND FAMILY/GROUP CARE STAFF, RESIDENTS, EMPLOYEES, SUBSTITUTES, ALTERNATES, AND VOLUNTEERS

FACILITY: _____ LICENSE DATE: _____

FACILITY ADDRESS: _____

INITIAL TRAINING COURSES DUE WITHIN 120 DAYS

Continuing Training

GENERAL INFORMATION	DATE PRINTS EXPIRE:	C & R * √	L E T T E R ** √	ORIENTATION DATE / WRITTEN EVIDENCE	NEVADA REGISTRY ID # / EXP. DATE	TB EXPIRES (2 YRS FROM DATE TAKEN)	CPR EXPIRES	FIRST AID Taken	SIGNS OF ILLNESS (2hrs) / BLOOD-BORNE PATHOGENS	CHILD ABUSE & NEGLECT (2hrs) ***Must be taken every 5 years**	SIDS (2hrs)	SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA (1 HOUR)	HUMAN GROWTH AND DEVELOPMENT OR POSITIVE GUIDANCE (3 hours)	ADMINISTRATION OF MEDICATION (2 HOURS)	BUILDING & PHYSICAL PREMISES SAFETY, INLCUDING STORAGE OF BIO-CONTAMINANTS (2 HOURS)	EMERGENCY PREPAREDNESS (2 HOURS)	TRANSPORTATION (1 HOUR)	WELLNESS (CHILDHOOD OBESITY) **2 HOURS 120 DAY INITIAL & ANNUAL** ***	DATE, REGISTRY #, TRAINING HOURS 24 ANNUAL HOURS within Facility Licensing year
1. NAME: PHONE: TITLE: Hire Date: Start Date:																			
2. NAME: PHONE: TITLE: Hire Date: Start Date:																			
3. NAME: PHONE: TITLE: Hire Date: Start Date:																			
4. NAME: PHONE: TITLE: Hire Date: Start Date:																			

PLEASE USE MONTH/DATE/YEAR IN EACH OF THE ABOVE COLUMNS; A CHECKMARK IS NOT SUFFICIENT

* Consent and Release Form ** Clearance Letter from Child Care Licensing *** Child Wellness-Healthy Nutrition/Obesity Prevention/Physical Activity

REMINDER: 12 hours of annual training must be specific to the age group the facility is licensed for; Symptoms of Illness may be counted toward the annual training once every 36 months.