

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

FACILITY: _____

DATE: _____

FACILITY ADDRESS: _____

EMPLOYEE INFORMATION	EXPIRATION DATE OF FINGER- PRINTS	C & R * ✓	L E T T E R * * * ✓	ORIENTATION	NEVADA	TB TEST	CPR	SIGNS OF	CHILD	SIDS	SHAKEN	HUMAN	ADMINISTR.	BUILDING	EMERGENCY	TRANSPOR-	WELLNESS	24 ANNUAL HOURS	
				DATE	REGISTRY	DATE	DATE	ILLNESS	ABUSE	COURSE	BABY	GROWTH	OF	AND	PREPARED-	TATION	COURSE	(2 Hours	within facility licensing
				DATE	ID #	DATE	DATE	(2 Hours)	& NEGLECT	(2 Hours)	SYNDROME	AND DEVELOP.	COURSE	PHYSICAL	NESS	COURSE	COURSE	(2 Hours	year
				WRITTEN	DATE	RENEWED	DATE OF	BLOOD-	RENEWED		AND	OR	(2 Hours)	PREMISES	COURSE	(1 Hour)	Required	CURRENT LICENSING	
				EVIDENCE	EXPIRES	EVERY 2	FIRST AID	BORNE	EVERY 5		TRAUMA	POSITIVE		SAFETY			Initial	YEAR ONLY	
						YEARS	COURSE	PATHOGENS	YEARS		(1 Hour)	GUIDANCE		COURSE			Training	Y/N	
												(3 Hours)		(2 Hours)			and		
																	Annually)		

NAME:																			
TITLE:																			
HIRE DATE:																			
START DATE:																			
NAME:																			
TITLE:																			
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START DATE:																			
NAME:																			
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.