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

 **SUBSTITUTES, ALTERNATES, AND VOLUNTEERS**

**FACILITY**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITY ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **INITIAL TRAINING COURSES DUE WITHIN 120 DAYS** CONTINUING TRAINING

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEEINFORMATION | EXPIRATIONDATE OF FINGER-PRINTS | C&R\*✓ | LETTER\*\*✓ | ORIENTATIONDATE\_\_\_\_\_\_\_\_\_\_\_WRITTENEVIDENCE | NEVADAREGISTRYID #\_\_\_\_\_DATE EXPIRES | TB TESTDATE EXPIRESRENEWED EVERY 2 YEARS | CPR DATE EXPIRES\_\_\_\_\_\_\_\_\_DATE OF FIRST AID COURSE | SIGNS OF ILLNESS COURSE(2 Hours)\_\_\_\_\_\_\_\_BLOOD- BORNEPATHOGENS | CHILDABUSE& NEGLECTCOURSE (2 Hours) RENEWED EVERY 5 YEARS | SIDSCOURSE(2 Hours) | SHAKEN BABY SYDROME AND ABUSIVE HEAD TRAUMA(1 Hour) | HUMAN GROWTH AND DEVELOP.OR POSITIVEGUIDANCECOURSE(3 Hours) | ADMINISTR. OF MEDICATIONCOURSE(2 Hours) | BUILDING AND PHYSICAL PREMISESSAFETY COURSE(2 Hours) | EMERGENCYPREPARED-NESSCOURSE(2 Hours) | TRANSPOR-TATIONCOURSE(1 Hour) | WELLNESSCOURSE(2 Hours Required Initial Training and Annually) \*\*\* | 24 ANNUAL HOURS within facility licensing yearCURRENT LICENSINGYEAR ONLY**Y/N** |
| NAME: TITLE:HIRE DATE:START DATE: |  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |
| NAME: TITLE:HIRE DATE:START DATE: |  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |
|  NAME: TITLE:HIRE DATE: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.