

Home Provider Annual Training Log

Provider Name: _____

Start Date: ____/____/____

Date of Training	Hours or Minutes of Training	Face to Face Training?	Topic(s) Covered	Training Delivered By:
___/___/___			Licensing Rules for Supervision and Ratios (R430-90/50-11)	
___/___/___			Licensing Rules for Injury Prevention (R430-90-12)	
___/___/___			Licensing Rules for Parent Notification and Child Security. (R430-90/50-13)	
___/___/___			Licensing Rules for Child Health (430-90/50-14)	
___/___/___			Licensing Rules for Child Nutrition (R430-90/50-15)	
___/___/___			Licensing Rules for Infection Control (R430-90/50-16)	
___/___/___			Licensing Rules for Medications (R430-90/50-17)	
___/___/___			Licensing Rules for Napping (R430-90/50-18)	
___/___/___			Licensing Rules for Child Discipline (R430-90/50-19)	
___/___/___			Licensing Rules for Activities (R430-90/50-20)	
___/___/___			Licensing Rules for Transportation, (R430-90/50-21)	
___/___/___			Licensing Rules for Animals, (R430-90/50-22)	
___/___/___			Licensing Rules for Diapering, (R430-90/50-23)	
___/___/___			Licensing Rules for Infant and Toddler Care, (R430-90/50-24)	
___/___/___			The provider's current written policies and procedures (Licensed only)	
___/___/___			The provider's current written emergency and disaster plan (Licensed only)	
___/___/___			Signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation	
___/___/___			Principles of child growth and development, including development of the brain	
___/___/___			Positive guidance	
___/___/___			Preventing shaken baby syndrome, if infants or toddlers are cared for	
___/___/___			Coping with crying babies, if infants or toddlers are cared for	
___/___/___			Preventing Sudden Infant Death Syndrome, if infants or toddlers are cared for	

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

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____/____/____			<input type="checkbox"/> Face-to-face training?
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