

TRAINING LOG

NAME: _____

DATE	REQUIRED AREA	TRAINING DESCRIPTION	TRAINER'S NAME AND ORGANIZATION	HOURS
	accident prevention and safety principles:			
	positive guidance for the management of children:			
	child development:			
	Age appropriate activities:			
	Preventing Shaken Baby Syndrome: (for caregivers of infants)			
	Coping with crying babies: (for caregivers of infants)			
	Preventing Sudden Infant Death Syndrome:(for caregivers of infants)			