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

Revised 03-19