**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.