TRAINING LOG

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | Licensing Renewal Period: |  | / |  | / |  | to |  | / |  | / |  |
|  | (Form to be completed for each individual working in the child care program) | |  | | | | | | | | | | | |
| Check one: Provider Co-applicant  Assistant Caregiver Helper  Substitute | | | | | | | | | | | | | | |
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Please list the training you have taken for the two years of your license period.

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| --- | --- | --- | --- | --- | --- | --- |
| Year One: |  | |  | Year Two: |  | |
| Date | Training Title | Hours |  | Date | Training Title | Hours |
|  | SUID/AHT: |  |  |  | SUID/AHT: |  |
|  | Active Supervision or Health & Safety I/II\*: |  |  |  | Active Supervision or Health & Safety I/II\*: |  |
|  | Behavior Guidance/Development & Learning  (KCF area I or II.C. in Develop): |  |  |  | Behavior Guidance/Development & Learning  (KCF area I or II.C. in Develop): |  |
|  | CPR/First Aid (every other year): |  |  |  | CPR/First Aid (every other year): |  |
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|  |  |  |  |  |  |  |
|  | Total Number of Hours for Year One  (must be = or > 16 hours): |  |  |  | Total Number of Hours for Year Two  (must be = or > 16 hours): |  |

\*2-hour Active Supervision training required annually. Health and Safety I and II required every 5 years. Both Health and Safety I and II count towards Active Supervision the year that they are taken.