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 |
|  |

Please list the training you have taken for the two years of your license period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.