

# Training Log

Name: \_\_\_\_\_

(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 trainings you have taken this year.**

Licensing Period: 1/1/ to 12/31/

Date	Training Title	Hours
	SUID/AHT: SUID/AHT Class = 2 hrs SUID/AHT Video Only = 1 hr	
	Active Supervision or Health & Safety I/II*:	
	Behavior Guidance/Development & Learning (KCF area I or II.C. in Develop):	
	CPR/First Aid (every other year):	
	CARS/BEST as applicable	
	Total Number of Hours for Year One (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.