ANNUAL EMPLOYEE TRAINING LOG

NAME OF FACILITY:

DATE FORM COMPLETED:

Please complete for <u>all</u> center employees, including owner, director, caregivers, support staff, and volunteers.

Employee	Caregiver	Director	Owner	🗌 Non-Careç	giver 🗌 Volunteer
Name:				Start Date:	
Date of Birth:				Is this person under 18?	□No □Yes
Email Address:				Telephone:	
Personal Data Sheet:	Date sent to Washoe Cour	nty Licensing:/		Is this Person a Re-hire?	□No □Yes Date of re-hire://

MANDATORY INITIAL TRAINING: must be completed within <u>90 days</u> unless noted. Please continue to update hours in this section, do not duplicate in continuing education section.							
Title	Hours	Renew / Re-Take:	Date: (mm/dd/yy)	Date: (mm/dd/yy)			
Background Check/Memo of Eligibility		5 years		Expires://			
TB Test		2 years		Expires://			
NV Registry		1 year		Expires://			
CPR		2 years		Expires://			
Child Abuse/Neglect		5 years		Expires://			
Signs of Illness: Bloodborne Pathogens		3 years		Expires://			
Obesity / Nutrition / Physical Activity		1 year	Taken://	Expires://			
First Aid		N/A	Taken://				
SIDS (When Applicable)		N/A	Taken://				
Shaken Baby (When Applicable)		N/A	Taken://				
Child Development – 3 hours		N/A	Taken://				
Building Safety		N/A	Taken://				
Emergency Preparedness		N/A	Taken://				
Medication Administration		N/A	Taken://				
Transportation Safety (When Applicable)		N/A	Taken://				

CONTINUING EDUCATION: 24 hours required annually, to include 2 hours of Obesity/Nutrition/Physical Activity and 12 hours of Health, Safety, and Development specific to the ages that the center serves.				
Course Title	Hours	Date: (mm/dd/yy)		
		Taken://		