

SHERBURNE COUNTY FAMILY DAY CARE TRAINING RECORD

NAME: _____

Provider Helper or Assistant

During the 24-month period from _____ to _____, you will need 32 hours of training to remain in compliance with Minnesota Statutes, 245A.144, 245A.1444, 245A.40 subpart 5, and 245A.50.

The required CPR, First Aid, SUID, AHT, Child Growth & Development/Behavior Guidance, Active Supervision, and CARS trainings count toward the 32 hours.

Note: CARS training IS/IS NOT required: Completed _____, due again _____

<i>Title or Description of Training</i>	<i>Sponsored by</i>	<i>Instructor</i>	<i>Dates of Training</i>	<i>Hours</i>
CPR (every 2 years) by				
FIRST AID (every 2 years) by				
SUDDEN UNEXPECTED INFANT DEATH/ABUSIVE HEAD TRAUMA (SUID/AHT) (every 2 years) by				2
SUID/AHT VIDEOS by <small>(1 year after taking the SUID/AHT training)</small>				1
CHILD GROWTH & DEVELOPMENT or BEHAVIOR GUIDANCE (KCF I or KCF II.C.) Sometime between _____ & _____				2
ACTIVE SUPERVISION or HEALTH & SAFETY Sometime between _____ & _____				2
CHILD GROWTH & DEVELOPMENT or BEHAVIOR GUIDANCE (KCF I or KCF II.C.) Sometime between _____ & _____				2

