

TRAINING DOCUMENTATION For _____

(Provider Name)

Required plans: (document date completed, attach copy)

Safe Sleep Plan _____

Cots/Cribs Placement Diagram (sleep arrangements) _____

Safety Precaution Plan - Blood Borne Pathogens _____

Reporting & Managing Unusual Incidents _____

Updated Discipline Policy _____ (copy for licensing file)

Expulsion Policy _____ (copy for licensing file)

Updated Evacuation Plan _____ (copy for licensing file)

Water Safety Course: (if applicable)

Provider: _____

Substitute-Name: _____

Date: _____

Substitute-Name: _____

Date: _____

Substitute-Name: _____

Date: _____

Fire Extinguisher Training

Provider: _____ (date)

Substitute-Name: _____

Date of Training: _____

Substitute-Name: _____

Date of Training: _____

Substitute-Name: _____

Date of Training: _____

Safe Sleep/Shaken Training:

Provider: _____ (date of Health, Safe & Nutrition class)

Substitute-Name: _____

Date of Training: _____

Substitute-Name: _____

Date of Training: _____

Substitute-Name: _____

Date of Training: _____

TRAINING DOCUMENTATION For _____

(Provider Name)

Blood Borne Pathogens Training (annually)

Provider: _____ (Expiration Date)

Substitute-Name: _____

Expiration Date: _____

Substitute-Name: _____

Expiration Date: _____

Substitute-Name: _____

Expiration Date: _____

Blood Borne Pathogens Training (annually)

Provider: _____ (Expiration Date)

Substitute-Name: _____

Expiration Date: _____

Substitute-Name: _____

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