

**TRAINING DOCUMENTATION FOR \_\_\_\_\_**

(Provider Name)

**Required plans: (document date completed, attach copy)**

Shaken Baby Syndrome and Abusive Head Trauma \_\_\_\_\_

Safe Sleep Plan \_\_\_\_\_

Cots/Cribs Placement Diagram (sleep arrangements) \_\_\_\_\_

Safety Precaution Plan \_\_\_\_\_

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 Baby Training:**

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

Substitute-Name: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Date of Training: \_\_\_\_\_

**Safety Precaution Training (annually)**

Provider: \_\_\_\_\_(Expiration Date)

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Safety Precaution Training (annually)**

Provider: \_\_\_\_\_(Expiration Date)

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Safety Precaution Training (annually)**

Provider: \_\_\_\_\_(Expiration Date)

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Safety Precaution Training (annually)**

Provider: \_\_\_\_\_(Expiration Date)

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Safety Precaution Training (annually)**

Provider: \_\_\_\_\_(Expiration Date)

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Substitute-Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_