

RECORD OF ANNUAL TRAINING

(Subsidy Inspection Requirements for Child Day Centers VENDSUB-000-(5)-012)

*16 hours of training and staff development activities are required in addition to orientation training.

CAREGIVER'S NAME: _____ **JOB TITLE:** _____

| NAME OF TRAINING SESSION | NAME OF TRAINER | NUMBER OF HOURS | DATE(S) ATTENDED | NAME OF ORGANIZATION THAT SPONSORED TRAINING |
|--------------------------|-----------------|-----------------|------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RECORD OF ORIENTATION TRAINING

(Required by Subsidy Inspection Requirements for Child Day Centers VENDSUB-000-(5)-012)

**Orientation training must be completed on the following facility specific topics prior to the staff member working alone with children and within seven days of the date of employment or the date of subsidy vendor approval.*

| Orientation Topic | Date Completed |
|--|------------------------|
| Playground Safety Procedures | |
| Responsibilities for reporting suspected child abuse or neglect | |
| Confidentiality | |
| Supervision of children, including arrival and dismissal procedures | |
| Procedures for action in the case of lost or missing children, ill or injured children, medical, and general emergencies | |
| Medication administration procedures, if applicable | |
| Emergency preparedness plan as required in VENDSUB-000-(9)-031 | |
| Prevention of shaken baby syndrome/abusive head trauma including coping with crying babies, fussy or distraught children | |
| Prevention of sudden infant death syndrome and use of safe sleeping practices | |
| Preventing exposure to food (s) to which the child is allergic, preventing cross contamination, recognizing and responding to any allergic reactions | |
| Transportation | |
| Virginia Pre-Service Training for Child Care Staff | Date Completed: |
| Total Hours of Orientation Training: | |

RECORD OF CPR/FIRST AID CERTIFICATION
(Required by Subsidy Inspection Requirements for Child Day Centers VENDSUB-000-(5)-012)

| | Date Completed | Expiration Date |
|-------------------------|-----------------------|------------------------|
| CPR Certification | | |
| First Aid Certification | | |

Additional Certifications/Training