

**Certified Child Care Center  
Staff In Service Training Record**  
Calendar Year: \_\_\_\_\_

The director and all program staff persons must complete 6 annual in service training hours (January – December), according to MN Statute, section 245H.14, subd. 6

Staff Person Name:	Total in service hours completed for the year:
--------------------	--

	Training	Date Completed	Training Institution	Clock Hours
<b>Annual Training – All Staff</b>	<b>Child Development and Learning (245H.14, subd.4)</b> – Must have 2 hours			
	<b>Health and Safety Requirements (245H.13)</b> <ul style="list-style-type: none"> <li>○ Exclusion of sick children and infectious disease outbreak control</li> <li>○ Immunizations</li> <li>○ Administration of medication (if center administers medication)</li> <li>○ Preventing and Responding to Allergies</li> <li>○ Building and Physical Premises; free of hazards &amp; safely handling and disposing of bodily fluids</li> <li>○ Transporting Children (if center transports children)</li> </ul>			
	<b>Reporting (245H.11)</b> – Must comply with reporting requirements for abuse and neglect, and reporting a death or serious injury to a child in the program			
	<b>Emergency Preparedness (245H.15)</b> – Training on program’s written emergency plan			

<b>Annual Training - if applicable</b>	<b>Sudden Unexpected Infant Death (SUID) (245H.14, subd.2)</b> – Required for staff persons and volunteers <u>before</u> assisting in the care of an infant <u>younger than 1 year of age</u>			
	<b>Abusive Head Trauma (AHT) (245H.14, subd.3)</b> – Required for all staff persons and volunteers <u>before</u> assisting in the care of a child <u>through 4 years of age</u>			

<b>Training for Designated Personnel:</b>	<b>Cardiopulmonary Resuscitation (CPR) (245H.14, subd.1)</b> – At least 1 person who has completed pediatric CPR must be present at all times during hours of operation, during field trips, and when transporting children			
	<b>First Aid (245H.14, subd.1)</b> – At least 1 person who has completed pediatric first aid training must be present at all times during hours of operation, during field trips and when transporting children			

**Training Totals:**

Total in service hours on this form:	+	In service hours recorded elsewhere (Develop, Orientation Checklist, etc.):	=	<b>Total in service hours completed for the year:</b>
--------------------------------------	---	---	---	---

\_\_\_\_\_  
Signature of Supervisor verifying accuracy of information

\_\_\_\_\_  
Date Completed