Washington County

Community Services

WCCS-72000-27 (1-18)

Licensed Family Child Care

Provider Training Record

Name: _____ **Date:** _____

(Form to be completed for each individual associated with your program)

Check one: ☐ Provider ☐ Co-Provider ☐ Caregiver ☐ Helper ☐ Sub

During your 12 month licensing period, you will need the following training to remain in compliance with Minnesota Statute 245A.50. KCF = Knowledge and Competency Framework area.				
Title of Training	**KCF**	**Training Information**	**How Often**	**Date Completed**
SUID/Abusive Head Trauma (AHT)	VII A	In person or online training	Every 2 years	
SUID/Abusive Head Trauma (AHT)	VII A	Videos – SUID/AHT certified training	Off year	
Child Passenger Restraint	VII B	Only if transporting children	Every 5 years	
Early Childhood Dev. & Behavior Guidance*	I or II C	2 hours minimum	Annually	
Active Supervision Training*	VII B	2 hours	Annually	
Health & Safety I* and Health & Safety II	VIIA	Can count as supervision class	Every 5 years	
CPR**	VII A		Every 2 years	
First Aid**	VII A		Every 2 years	

*NOT a requirement for Helpers or Substitutes.

Recommended but NOT a requirement for Helpers since they cannot be left alone; recommended but NOT a requirement for Substitutes that are used less than **30 hours/year.

Additional Required Training for Providers and Caregivers (16 hours/year); for Helpers (6 hours in the 1st year of initial employment)			
Date of Training	**Title/Description of Training**	**Sponsoring Group/Instructor**	**Hours**