

Name _____

Check one: Co-applicant or second caregiver used 30+ times in a 12 month period
 Second caregiver (18 or older used less than 30 times in a 12 month period)
 Substitute (from 31 hours to 30 days in a 12 month period)
 Substitute (30 hours or less in a 12 month period)
 Substitute (Emergency Only)
 Helper (Ages 13-17)

BGS(Background Study) submitted _____ (Every 2 years) BGSreceived _____ 45 day follow up if not received _____

| | Date | Hours |
|---|------|-------|
| CPR (Every 2 years) | | |
| First Aid (Every 2 years) | | |
| Sudden Unexpected Infant Death (Class every 2 years) | | |
| Abusive Head Trauma (Class every 2 years) | | |
| SUID/AHT Videos (Viewed on the off year from the classes) | | |
| Supervising for Safety/Active Supervision (Two hours every year) | | |
| Title of Class: _____ | | |
| Child Growth & Development and Behavior Guidance (Every year; Core Competency IV or I and IV) Title of Class: _____ | | |
| Child Passenger Restraint (required only if transporting children under age 9 - every 5 years) | | |
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* Make additional copies of this page if needed.