

STAFF INFORMATION - Provider's Name: _____ Date: _____

*Caregiver: _____ Status: _____
CPR: _____ First Aid: _____ CARS: _____
SUID: _____ AHT: _____ SUID/AHT Video: _____
Child Development/Behavior Guidance: _____ Health & Safety I: _____
Supervision: _____ Health & Safety II: _____
Chemical Substance Abuse signed: _____ Last Background Study: _____
Emergency Plan Training documented annually: _____
Allergy Information (when applicable) & Documented annually: _____

FOR OFFICE USE ONLY

Complete

Still needed:

*Caregiver: _____ Status: _____
CPR: _____ First Aid: _____ CARS: _____
SUID: _____ AHT: _____ SUID/AHT Video: _____
Child Development/Behavior Guidance: _____ Health & Safety I: _____
Supervision: _____ Health & Safety II: _____
Chemical Substance Abuse signed: _____ Last Background Study: _____
Emergency Plan Training documented annually: _____
Allergy Information (when applicable) & Documented annually: _____

FOR OFFICE USE ONLY

Complete

Still needed:

*Caregiver: _____ Status: _____
CPR: _____ First Aid: _____ CARS: _____
SUID: _____ AHT: _____ SUID/AHT Video: _____
Child Development/Behavior Guidance: _____ Health & Safety I: _____
Supervision: _____ Health & Safety II: _____
Chemical Substance Abuse signed: _____ Last Background Study: _____
Emergency Plan Training documented annually: _____
Allergy Information (when applicable) & Documented annually: _____

FOR OFFICE USE ONLY

Complete

Still needed: