

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
CFR(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.