



Center Staff Professional Development Record

Name: _____

Date of Hire: _____ Date of Birth: _____

Statement - child & abuse, convictions: _____

Driver's License: _____

Physical (3 yrs): _____

	<u>Completed</u>	<u>Expires</u>
Iowa record checks (criminal, child abuse & sex offender registries) (2 yrs)	_____	_____
National FBI fingerprint checks (4 yrs)	_____	_____
CPR Training (1-2 yrs)	_____	_____
First Aid Training (2-3 yrs)	_____	_____
Universal Precautions Training (1 yr)	_____	_____
Mandatory Reporter Training (3 yrs)	_____	_____
Essentials Preservice Series	_____	_____

Completed Expired

Date	Length (in hours) *	Training Organization	Course Title	Topic Area **	Instructors

*Mark any hours that are not creditable with DHS.
 **Topic Areas: A-Child Development, B-Guidance & Discipline, C-Developmentally Appropriate Practices, D-Nutrition, E-Health & Safety, F-Communication Skills, G-Professionalism, H-Business Practices, I-Cross Cultural Competence

Date	Length (in hours) *	Training Organization	Course Title	Topical Area **	Instructors

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