Iowa Department of Human Services North Central Iowa Service Area
Child Development Home Required Training Documentation

Provider Name_____

Certificate Expiration Date_____

Training Years 1._____ **to** _____
2._____ **to** _____

Maintain Current Certification

Mandatory Child Abuse Reporter Training

Date Taken: _____

Expiration Date: _____

Sub Care

Mandatory Reporter: Date Taken _____ Exp Date _____

Adult Infant Child CPR: Date Taken _____ Exp Date _____

First Aid: Date Taken _____ Exp Date _____

Assistant
Adult, Infant & Child CPR

Date Taken: _____

Expiration Date: _____

First Aid

Date Taken: _____

Expiration Date: _____

Mandatory Child Abuse Reporter Training

Date Taken: _____

Expiration Date _____

12 Additional Hours **YEAR 1_____** (1st year **2hrs**. must be Health & Safety) (**6hrs**. in group setting)

Date	**Class Name**	**Sponsor**	**Training Hrs.**

(Office use only) **ChildNet Re-Certification**
Date & Training 4hrs. Training due by:_____
_____Hrs.___
_____Hrs.___

12 Additional Hours **YEAR 2_____** (**6hrs**. in group setting)

Date	**Class Name**	**Sponsor**	**Training Hrs.**

(Office use only) **ChildNet Re-Certification**
Date & Training 4hrs. Training due by:_____
_____Hrs.___
_____Hrs.___

ChildNet Re-Certification requirements:

CPR/1st Aid/Mandatory Child Abuse Reporter Training certification current
Documentation of Participation in the Child and Adult Food Program
Additional **4 hrs** of training related to child care issues. **(16 total ea. year)**

CCR&R Staff: _____ **Date:** _____
Provider: _____ **Date:** _____