# VDOE MODEL FORM - FDH

**RECORD OF ANNUAL TRAINING**

**Standards for Licensed Family Day Homes 8VAC20-800-230)**

**CAREGIVER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NAME OF TRAINING SESSION** | **NAME OF TRAINER** | **NUMBER**  **OF**  **HOURS** | **DATE(S)**  **ATTENDED** | **NAME OF**  **ORGANIZATION**  **THAT SPONSORED TRAINING**  **\*Attach Copy of Training Certificate** |
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| * *First Aid and CPR training do NOT count toward caregivers’ annual training requirements;* * *Caregivers must receive annual training on emergency preparedness and response* * *The caregiver must have had 16 clock hours of training.* | | | | |