# VDOE MODEL FORM - FDH

**RECORD OF ANNUAL TRAINING**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **NAME OF TRAINING SESSION**  | **NAME OF TRAINER**  | **NUMBER**  **OF**  **HOURS**  |  **DATE(S)** **ATTENDED**  | **NAME OF** **ORGANIZATION** **THAT SPONSORED TRAINING** **\*Attach Copy of Training Certificate**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| * *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.*
 |