



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

APPROVED RELATIVE PROVIDER AND IN-HOME CAREGIVER HEALTH AND SAFETY TRAINING CHECKLIST

Printed Name of Provider or In-Home Caregiver (First, Middle, Last): _____

Printed Name of Family if for In-Home Care (First, Middle, Last): _____

HEALTH AND SAFETY TRAININGS: Training on the following health and safety topics must be completed within 3 months of your Child Care Assistance Program approval effective date. **Attach verification supporting each completed training.**

- Prevention and control of infectious diseases, including immunization. Date obtained: _____
- Prevention of sudden infant death syndrome and use of safe sleep practices. Date obtained: _____
- Administration of medication. Date obtained: _____
- Prevention of and response to emergencies because of food and allergic reactions. Date obtained: _____
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. Date obtained: _____
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Date obtained: _____
- Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event. Date obtained: _____
- Precautions in transporting children. Date obtained: _____
- Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants. Date obtained: _____
- Recognition and reporting of child abuse and neglect. Date obtained: _____
- Minimum health and safety. Date obtained: _____