OHIO DEPARTMENT OF EDUCATION OFFICE OF EARLY LEARNING AND SCHOOL READINESS

LICENSING INSERVICE TRAINING FORM PRESCHOOL/SCHOOL AGE CHILD CARE PROGRAMS

Trainer Name	Trainee Name	
Street Address	Training Date	
City, State, Zip Code	Length of Training	
Telephone Number	(number of hours)	
TRAINING SUBJECT (describe content area covered in training)		
First Aid; Child Abuse Recognition & Prevention; Prevention, Recognition & Management Of Communicable Disease. Check One: Initial Training Review		
INSERVICE TRAINER QUALIFICATIONS: Check all that apply. To qualify as a trainer you must be able to answer YES to question A and YES to at least one item in question B.		
A. Trainer has at least two years experience specific to the	training subject area (as identified above)	es 🗆 NO
B. Trainer has one of the following:		
An associate or higher degree		ES NO
This course work shall include at least 36 quarter hours or 24 semester hours in the subject area.		
Child Development Early Childhood Education Education Home Economics Nursing Nutrition Psychology Dental Hygiene Social Work Other(specify)		
2. A prekindergarten certificate issued by the State	Board of Education of Ohio	res 🗆 NO
3. Child Development Associate (CDA)	_ Y	res No
4. A licensed physician		res No
5. A registered nurse		res 🔲 NO
6. First Aid and/or CPR Certified Trainer	_ '	res 🗆 No
I VERIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND COMPLETE.		
TRAINER SIGNATURE	DATE	