

# ***FOSTER CARE PROVIDER ANNUAL TRAINING RECORD***

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **Annual Trainings**

(Each Foster Parent must complete 12 hours of annual training)

<b>Date</b>	<b>Hours</b>	<b>Training Title</b>	<b>Trainer</b>

## **Mental Health Issues Training**

(Foster Parents must complete 1 hour of approved training on Mental Health Issues annually)

<b>Date</b>	<b>Hours</b>	<b>Training Title</b>	<b>Trainer</b>

**Video / Book Training**

<b>Date</b>	<b>Minutes</b>	<b>Video / Book Title</b>

**1 Hour Shaken Baby Syndrome / Sudden *Infant Death Syndrome* Training:**

(Must be repeated every 5 years if caring for children under the age of 6 years)

<b>Date</b>	<b>Hours</b>	<b>Trainer</b>

***Child Passenger Restraint* Training**

(Must be repeated every 5 years if caring for children under the age of 9)

<b>Date</b>	<b>Hours</b>	<b>Trainer</b>

**Placing Social Worker Appointments and Other Consultation Time**

<b>Date</b>	<b>Duration</b>	<b>Foster Parent involved</b>	<b>Type:</b> <ul style="list-style-type: none"><li>• Social Worker</li><li>• In-Home Therapy</li><li>• Skills Worker</li><li>• Other (please describe)</li></ul>

(To be tracked as credit towards training requirement)