

MICHIGAN CHILD CARE AND EDUCATION PROFESSIONAL DEVELOPMENT RECORD

Michigan Department of Human Services

Bureau of Children and Adult Licensing

Use this form to record training experiences including, but not limited to, workshops, community-based training, college courses, conferences.

- To comply with Michigan Child Care Licensing Rules for **Family/Group Child Care Homes** all caregivers must complete a total of **10 clock hours** of training annually, not including CPR, first aid and blood-borne pathogen training. Assistant Caregivers must complete a total of **5 clock hours** of training annually, not including CPR, first aid and blood-borne pathogen training.
- To comply with Michigan Child Care Licensing Rules for **Child Care Centers** all caregivers and program directors must complete a total of **16 clock hours** of training annually. CPR and first aid training may count for up to 2 hours of training in the year taken.
- Training must be accrued annually during the calendar year. Verification of participation of required training is to be kept on file by the provider for Department review.
- Refer to Michigan Child Care Licensing Rules for a list of topics and trainings that meet training requirements. Rules can be found at www.michigan.gov/michildcare.
- 1 clock hour of training = 60 minutes. Record the actual number of training hours not including breaks, lunches or travel.

Caregiver's/Assistant Caregiver's Name	Date of Hire
Registration/License Number	

Core Knowledge Areas from the Michigan Core Knowledge and Core Competencies for the Early Care and Education Workforce (available at www.michigan.gov/greatstart)	
Child Development	Teaching and Learning
Health, Safety and Nutrition	Observation, Documentation and Assessment
Family and Community Engagement	Interactions and Guidance
Management	Professionalism

Training Dates Beginning/ Ending	Title of Training	Training Organization/Presenter	Core Knowledge Area(s)	# of Clock Hours	Training Certificate Received	If applicable, list # of CEU or College Credits earned	
						# of CEUs Earned	# of College Credits Earned

Training Date	Title of Training	Card Received	Training Organization/Presenter	Location
	First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Infant & Child CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Adult CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Blood-borne Pathogen			

Caregiver's Signature _____ **Date** _____

Sign and date to certify training record for BCAL, Division of Child Care Licensing

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