Hennepin County Human Services and Public Health Department
Child Care Licensing

Provider Name _____ **License Number** _____

Date _____ **Licensing Worker** _____

RECORD OF REQUIRED SAFETY TRAINING

Fill in dates of attendance for License holder and any caregiver/substitutes on the attached page and return with your Intake or Renewal Packet:

Name	SUIDS	SUIDS Videos (must be all 3)	AHT	AHT Videos (must be all 3)	CPR	First Aid	Supervising for Safety	Child Development / Behavioral Guidance	Passenger Restraint Training (as applicable)
Name	SUIDS	SUIDS Videos (must be all 3)	AHT	AHT Videos (must be all 3)	CPR	First Aid	Supervising for Safety	Child Development / Behavioral Guidance	Passenger Restraint Training (as applicable)
Name	SUIDS	SUIDS Videos (must be all 3)	AHT	AHT Videos (must be all 3)	CPR	First Aid	Supervising for Safety	Child Development / Behavioral Guidance	Passenger Restraint Training (as applicable)
Name	SUIDS	SUIDS Videos (must be all 3)	AHT	AHT Videos (must be all 3)	CPR	First Aid	Supervising for Safety	Child Development / Behavioral Guidance	Passenger Restraint Training (as applicable)

***It has been clarified by DHS that the off-year video requirement is defined as watching 3 videos for SUID and 3 videos for AHT.
A total of 6 videos must be watched on the off-year for SUIDS/AHT.

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ADDITIONAL TRAINING

Name	Date	Name of Course

Hennepin County Human Services and Public Health Department
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Provider Name _____ **License Number** _____

Date _____ **Licensing Worker** _____

ADDITIONAL TRAINING

Name	Date	Name of Course

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Child Care Licensing

ADDITIONAL TRAINING

Name	Date	Name of Course