



## FP RECORD OF TRAINING COMPLETED

**Foster Parent(s):** \_\_\_\_\_  
 (Please complete one plan for each individual)

Training Plan for the Certification Year \_\_\_\_\_ to \_\_\_\_\_  
 (20 hours ongoing training is required annually for both primary and secondary providers)

<u>Brief Description of Subject Matter:</u>	<u>Sponsor:</u>	<u>Hours Completed:</u>	<u>Date:</u>
<u>Emergency &amp; Safety Procedures</u>	<u>MSC</u>	<u>1 Hour</u>	_____
<u>Principles &amp; Practices of Child Care</u>	<u>MSC</u>	<u>1 Hour</u>	_____
<u>Administrative &amp; Overall Program Goal</u>	<u>MSC</u>	<u>1.5 Hours</u>	_____
<u>Behavioral Management Techniques (Trauma Informed Interventions)</u>	<u>MSC</u>	<u>2 Hours</u>	_____
<u>Appropriate Boundaries</u>	<u>MSC</u>	<u>1 Hour</u>	_____
<u>Positive Methods of Dealing with Foster Children (A Trauma Informed Approach to Understanding Behavior)</u>	<u>MSC</u>	<u>2 Hours</u>	_____
<u>Annual Review of Regulations</u>	<u>MSC</u>	<u>1 Hour</u>	_____
<u>SIDS and Crib Safety</u>	<u>MSC</u>	<u>30 mins (15 each)</u>	_____
<u>Health and Hygiene</u>	<u>MSC</u>	<u>1 Hour</u>	_____
<u>Family Specific Training (Article/Report relevant to the Population Foster Family Serves)</u>	<u>MSC</u>	<u>1 Hour</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL HOURS COMPLETED:** \_\_\_\_\_

Home Supervisor Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_