

Staff Name: _____	Date of Completion	Date of Completion	Date of Completion
CPR, First Aid & Uni. P. @ Terre Haute CPR YEARLY			
Child Abuse & Neglect (ILEAD) YEARLY			
Indiana Early Learning Foundations (ILEAD)		X	X
Health and Safety Mod 1 (ILEAD)		X	X
Health and Safety Mod 2 (ILEAD)		X	X
Health and Safety Mod 3 (ILEAD)		X	X
Physical (Right Choice) Every 3 Years			
T.B. (Right Choice) YEARLY			
Drug Test (Right Choice) Every 3 Years			
Application		X	X
Professional D. 12 hrs. State 12 NECPA 30 per hrs Year			
Date of Employment (Start Date) Job Title Education Diploma (unofficial transcript)			
Signed Orientation		First Annual Evaluation ____/____/____	____/____/____ ____/____/____
(Fingerprinting) Every 3 Years State CH Check (Right Choice- letter From St later)			
Safe Sleep 1 & 2 For VIP East ONLY (ILEAD)	1 ____/____/____ 2 ____/____/____	X	X