CHILD CARE TRAINING DOCUMENTATION

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 343 (Rev. 12-2013)

Clear Fields

TO BE COMPLETED BY THE OPERATOR ONLY:

Name of Operator (Last Name, First and Middle Initial)		Telephone Number	
Address	City	State	ZIP Code
Name of Facility	License Number	Expiration Date	

TO BE COMPLETED BY STAFF MEMBER ONLY:

Name of Staff Member: (Last Name, First and Middle Initial)		
Position (Please check one) ☐ Director ☐ Supervisor ☐ Caregiver ☐ Other _____	Date Hired	Hours Hired per Week

TO BE COMPLETED BY OPERATOR OR STAFF MEMBER

Date Attended	Sponsored by	Title of Training	Subject/ Competency Area	Trainer	Hours of Credit	County Use Only

Total Number of Approved Credit Hours	
Signature of Operator	Date
Signature of Staff Member	Date
Signature of Authorized Agent	Date

The authorized agent initials and signature indicates the training documentation for the above named individual was reviewed and is acceptable. No copies of training documentation required unless requested by the authorized agent or regional office.

Type of License	Position	Hours Worked Per Week	Required Minimum Training
Family	Provider	NA	9 hours annually
Group	Provider Supervisor Staff Member (Who Works)	NA NA 30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	10 hours 10 hours 8 hours 6 hours 4 hours 2 hours
CENTER	Director Supervisor Staff Members (Who Work)	NA NA 30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	13 hours 13 hours 13 hours 11 hours 9 hours 7 hours
PRESCHOOL	All Staff/Volunteers	30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	13 hours 11 hours 9 hours 7 hours
SCHOOL AGE	Director Supervisor Staff Members/Group Leaders (Who Works)	NA NA 30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	13 hours 13 hours 13 hours 11 hours 9 hours 7 hours