EARLY INTERVENTION STAFF DEVELOPMENT LOG
NEW EMPLOYEES

Employee's Name:		**Date of Hire:**	
Title:		**Criminal Record Check:**	
Education/Credentials:		**Childline/Abuse Clearance:**	
Agency:		**FBI Fingerprint Check:**	

Training hours transferred from another agency? ☐ **YES** ☐ **NO**

- *If yes, name of agency:*
- *Please attach a copy of their log*

1. PRE-SERVICE TRAINING:

- *Must be completed **BEFORE** working alone with at risk children or children with disabilities*

Applicable for this fiscal year? ☐YES ☐ NO

Title/Topic	**Trainer** V = video A = article R = reading packets	**Date**	**Hours**
a. Orientation to the EI Service System of the Office of Child Development, to include the State ICC and Local ICC			
b. Chapter 4226 of Title 55			
c. Job Responsibilities			
d. Family Centered Approaches			
e. Inter-related, Social Emotional, Health, Developmental and Educational Needs of Children			
f. Community Resources			
g. Natural Environments			
h. Funding Sources/MA, County, Waiver, Private Insurance, etc.			

2. WITHIN 120 DAYS OF DATE OF HIRE:

Applicable for this fiscal year? ☐YES ☐ NO

Title/Topic	**Trainer** V = video A = article R = reading packets	**Date**	**Hours**
a. Fire Safety			
b. Emergency Evacuation			
c. First Aid			
d. Infant/Child CPR			

3. REQUIRED ANNUAL TRAININGS:

Title/Topic	Trainer V = video A = article R = reading packets	Date	Hours
a. Cultural Competence			
b. Mediation			
c. Procedural Safeguards			
d. Universal Health Precautions			
e. Fire Safety			
f. Emergency Evacuation			
g. First Aid (list expiration date)			
h. Infant/Child CPR (list expiration date)			
i. Transition			
j. Mandated Reporting			

4. OTHER TRAININGS/CONFERENCES ATTENDED:

Title/Topic	Trainer	Date	Hours

5. VIDEOS/ARTICLES:

Title/Topic	Trainer V = video A = article R = reading packets	Date	Hours

TOTAL:

Employee's Signature:_____ Date:_____

Supervisor's Signature:_____ Date:_____

County Review:_____ Date:_____