



Visit Date: _____ License Exp. Date: _____

School-age Center Staff Qualifications & Training Log

Facility Name: _____ CCLD License #: _____

Site Address: _____ Phone #: _____

Fill out as many copies of this form as needed. Each form can have up to seven staff or volunteers. All dates on the form should be written m/d/yyyy.

Staff or Volunteer General Information

Staff/Volunteer Last Name, First Name							
CBR #							
CBR Expiration Date							
Hire Date							
Orientation Date							
Position Program Coordinator (PC); Program Leader (PL); Assistant Program Leader (APL)							
Primary work location? If working at multiple sites, list their main work site for tracking training							

Qualifying Experience and Education (please complete all that apply)

Highest Level of Degree Achieved and Major (CDA) AA/AS; BA/BS; MA/MS; PhD							
Oregon Registry Step							
Qualifying Experience Type of Facility, Age Grp., Number of Yrs.							
Total hours of PM in ORO PC needs 10, PL needs 5							
Training Hours in ORO, applicable to School-age children 5 hrs. each in UGB, HGD, LEC							

Safety Set Trainings

Food Handlers Expiration Date							
CPR Expiration Date							
First Aid Expiration Date							
Recognizing & Reporting Child Abuse and Neglect (RRCAN) Date of Training							
Introduction to Child Care Health and Safety (ICCHS) Date of Training							
Foundations For Learning (FFL) Date of Training							

Reference PR-0603 Licensing Training Requirements for School-age Center staff for specific training requirements and timelines for completion.

I have reviewed the above information: _____

CCLD Licensing Specialist Signature