OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Training Documentation

Name on license			Name of provider/employee receiving training	
License number	County	Job assigned	Hours required	Employment date

Annual training record for _____ **to** _____
month/year month/year

1. List all training received.
2. Maintain certificates, transcripts, and other training verification at the facility for Licensing staff to review.
3. Informal on-site training (child care centers only), videos, and readings are limited to six hours annually. Mark an X under video and reading, when applicable.

Topic	Date	Hours	On-site	Video	Reading	Source or Sponsor
Infection control, if required						

Total clock hours _____

Annual training record for _____ to _____

month/year month/year

1. List all training received.
2. Maintain certificates, transcripts, and other training verification at the facility for Licensing staff to review.
3. Informal on-site training (child care centers only), videos, and readings are limited to six hours annually. Mark an X under onsite, video and reading, when applicable.

Topic	Date	Hours	On-site	Video	Reading	Source or Sponsor

Total clock hours _____