CCDF TRACKING FORM – Health and Safety (1-11)

Name: _____ Training Year: From _____ to _____

Training Date	Title of Training	Prevention & control of infectious diseases	SIDS prevention & use of safe sleep practices	Administration of medication	Prevention of & response to food & allergic reactions	Building & physical premises safety	Prevention of shaken baby syndrome & abusive head trauma	Emergency preparedness & response planning	Handling & storage of hazardous materials	Appropriate precautions in transporting children	First-Aid & CPR	Recognizing and reporting child abuse & neglect