

THIS FORM MUST BE INCLUDED WITH EACH YEAR'S APPLICATION OR THE APPLICATION CANNOT BE PROCESSED.

List below the names of all caregivers and show their dates of employment along with the number of hours of training they have received in developmentally appropriate educational practices in the past 18 months. See standard number #3 under the Personnel section.

| <u>Name</u> | <u>Date of employment</u> | <u>Hours of Training</u> |
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