**A picture containing drawing

Description automatically generatedMiRegistry Pre-Employment Trainings**

Prior to beginning employment, there are trainings that must be completed in order to complete the hiring process. These trainings are offered through the [MiRegistry Statewide Training Calendar](https://go.miregistry.org/v7/trainings/search).

Before you can register for and complete these trainings, you must create an account in MiRegistry: [Creating-a-MiRegistry-Account.pdf](https://www.miregistry.org/wp/wp-content/uploads/2019/02/Creating-a-MiRegistry-Account.pdf)

After you have created an account in MiRegistry, the following trainings must be completed:

1. *Health and Safety Training for Licensed Child Care Providers:**Course 1 & Course 2*
   * **ALL** prospective employees must complete.
   * Each course takes approximately four hours.
2. *Infant Safe Sleep for Child Care Providers*
   * **ONLY** those working with infants and toddlers must complete.
   * This course takes one hour to complete.

**Health and Safety Training for Licensed Child Care Providers: Course 1 and Course 2**

1. To register for these courses, go to <https://www.miregistry.org/individuals/>.
   1. There is a $5 fee for each course. Save your payment confirmation for reimbursement.
2. Scroll all the way down near the bottom and stop at the **FAQ Individuals section.**
3. On the right of the screen, click on **How can I register for the online Health and Safety Training for Licensed Providers?**
   1. From here you may select Course 1 or Course 2.
   2. Select Course 1 and follow the prompts to register online.
   3. Complete **Course 1. Be sure to complete all modules.**
   4. Then go back to <https://www.miregistry.org/individuals/> and repeat steps 2 and 3 and select **Course 2.**
   5. Follow the prompts to register for and complete Course 2. **Be sure to complete all modules.**
4. Sign and date the attached sign-in sheetentitled Health and Safety Training for Licensed Child Care Providers: Course 1 and Course 2.

**Infant Safe Sleep for Child Care Providers**

1. Go to <www.miregistry.org> and log into your account.
2. From the black tabs along the left-hand side, click on “**Search Training Events**.”
3. In the “**Course Title**” box type ***Infant Safe Sleep for Child Care Providers***. MiRegistry is the sponsor and primary trainer of this course.
4. Click on “**Register”** and follow the prompts to sign up for the course.
5. Complete the course. Be sure to complete the course to the very end.
6. Sign and date the attached sign-in sheet entitled Infant Safe Sleep for Child Care Providers*.*

**Final Steps**

1. After you have completed *Health and Safety Training for Licensed Child Care Providers:**Courses 1 & 2* **and/or** *Infant Safe Sleep for Child Care Providers*, return to your profile page in MiRegistry to access and print your learning record.
   1. From your profile page, click on the **Reports** tab.
   2. Click on **Licensing Learning Record.**
   3. Ensure that the required courses are reflected on the learning record.
2. **Print this page. If you are unable to print, you can save your learning record to your computer and email it as a PDF file to your supervisor.**
3. Submit the following to your supervisor:
   1. A log of how many hours it took to complete all courses.
   2. Confirmation of payment for course registration.
   3. The attached sign-in sheets(s); please be sure to sign and date.
      1. This is a fillable form and may be signed and dated electronically.
   4. A copy of your MiRegistry learning record.

**SUCCESS! You have completed the MiRegistry Pre-Employment Trainings!**

**Reference:** HSPPS 1302.47(4)(5), HSPPS 1302.92(b)(2); Licensing R 400.8131(2)(3)(4)(5)

05/2021 P:\Agency\Human Resources\Supervisors Manual\Tab 1-Hiring\CFD\MiRegistry Pre-Employment Trainings



**STAFF SIGN-IN**

Training Title: **Health and Safety Training for Licensed Child Care Providers: Course 1 & Course 2**

Training Presenter: **MiRegistry**

Hours: **8 hours** Date: Pick training date.

**PLEASE CIRCLE 1 FROM EACH- PROGRAM, AREA , LEVEL, TYPE  
  
Agency Program:** All (All Programs) HS (Head Start) EHS (Early Head Start) EHSX (Early Head Start Expansion) GSRP (Pre-Kindergarten) OTH (Other/Agency Created)

**Training Area:** AD (Administration) DN (Dental) HC (Disability) ED (Education) FY (Family) HH (Health)IM (Immunizations) MD (Medical) SS (Social Services) MH (Mental Health) NU (Nutrition) OTH (Other/Agency Created) PI (Parent Involvement) SS (Social Services) TR (Transportation)

**Training Level:** C (Cluster) F (Formal College, School, Etc.) I (Interagency) L (Local) N (National) R (Regional) S (State)

**Training Type:** CE (Continuing Education) CO (College) PR (Professional) VO (Vocational/Technical)

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Name (PRINT)** | **Center** | **Position** |
| Enter signature here. | Print name here. | Center location | Enter position here. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Distribution**: Program Support 3/2021



**STAFF SIGN-IN**

Training Title: **Infant Safe Sleep for Child Care Providers**

Training Presenter: **MiRegistry**

Hours: **1 hour** Date: Pick training date.

**PLEASE CIRCLE 1 FROM EACH- PROGRAM, AREA , LEVEL, TYPE  
  
Agency Program:** All (All Programs) HS (Head Start) EHS (Early Head Start) EHSX (Early Head Start Expansion) GSRP (Pre-Kindergarten) OTH (Other/Agency Created)

**Training Area:** AD (Administration) DN (Dental) HC (Disability) ED (Education) FY (Family) HH (Health)IM (Immunizations) MD (Medical) SS (Social Services) MH (Mental Health) NU (Nutrition) OTH (Other/Agency Created) PI (Parent Involvement) SS (Social Services) TR (Transportation)

**Training Level:** C (Cluster) F (Formal College, School, Etc.), I (Interagency) L (Local) N (National) R (Regional) S (State)

**Training Type:** CE (Continuing Education) CO (College) PR (Professional) VO (Vocational/Technical)

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Name (PRINT)** | **Center** | **Position** |
| Enter signature here. | Print name here. | Center location | Enter position here. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Distribution**: Program Support 3/2021