

SAN BERNARDINO COUNTY DEPARTMENT OF CHILDREN'S SERVICES
DOCUMENTATION OF COMPLETED SCR TRAINING
(Los Angeles County "D" and "F" Rate trainings are accepted by San Bernardino County.)

The required SCR training sessions specified on the **DCS 152-A SCR** and described below have been completed by:

Care Provider Name (PRINT): _____

These SCR training sessions meet the needs of:

Child's Name (PRINT): _____

Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____
Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____
Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____
Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____
Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____
Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____
Date: _____ Training Provided By: _____ Agency: _____ Telephone: _____ Type/Description of Training Completed: _____ Signature of Trainer: _____ Title: _____

List all training on this form plus attach Certificates for Category A training to meet the Tier requirements.

Care Provider Signature: _____ **Date:** _____