



**MOAPA BAND OF PAIUTES
TRIBAL CHILD CARE**

ADDRESS: 700 N. RAINBOW BLVD.
LAS VEGAS NV 89107
PHONE: (702) 333-6565
CELL: (702) 533-6837
EMAIL: info@mboptribalchildcare.org

Indian Health Services (IHS) Preservice Training

(Please take notes during the IHS Preservice Training, and record the date and time for each module)

Print Name (First, Last Name): _____

Building Safety, Maintenance, & Functional Design

Date Completed: _____ **Start Time:** _____ **Stop Time:** _____

Injury Prevention in Children's Environments

Date Completed: _____ **Start Time:** _____ **Stop Time:** _____

Fire Safety

Date Completed: _____ **Start Time:** _____ **Stop Time:** _____





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Emergency Management

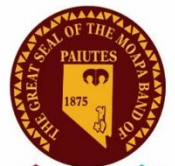
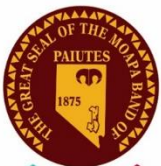
Date Completed: _____ Start Time: _____ Stop Time: _____

Communicable Disease Control

Date Completed: _____ Start Time: _____ Stop Time: _____

Hazard Communication

Date Completed: _____ Start Time: _____ Stop Time: _____





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Bloodborne Pathogens

Date Completed: _____ Start Time: _____ Stop Time: _____

COVID-19 Guidance

Date Completed: _____ Start Time: _____ Stop Time: _____

(After finishing the training forward this page to the TCC Health & Safety Monitor)

Trainee Signature: _____

Date: _____

Health & Safety Signature: _____

Date: _____

