DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES

CURRICULUM FORM FOR
FIRST AID AND CARDIOPULMONARY
RESUSCITATION (CPR) COURSES

This form should be used for determining whether a first aid course or a CPR course meets the requirements of 22 VAC 15-30-590 A of the child day center regulation. Completed forms should be returned to the regional licensing office in your area for review by the Department of Social Services.

Current first aid and CPR certifications from the following organizations may be used to meet the requirements of 22 VAC 15-30-590 A as long as the first aid certification has been issued within the past three years and the CPR certification has been issued within the past two years:

American Red Cross,
National Safety Council,
American Heart Association,
American Safety and Health Institute,
Community colleges,
Hospitals,
Rescue squads and
Fire departments.

There is no need for the above mentioned organizations to complete this form. Note: certifications for first aid and CPR courses require students to demonstrate competency by a test on first aid and CPR knowledge and performing first aid and CPR skills. CPR courses must be appropriate for the entire age span of the children in the center's care.

Name of Individual or Organization offering the First Aid or CPR Course: _____________________________________________________________

Street Address: ____________________________________________________________________________

City, State, Zip: ____________________________________________________________________________

Phone Number: ______________________ FAX Number: ______________________

Name & Title of Person Completing Form: ____________________________________________________________________________
I. First Aid Course Information

A. Name of first aid course: ___________________________________________
   Name of instructor(s): ______________________________________________

B. Please check the content areas covered by the first aid course. Emergency
   management of:
   ____ Bleeding   ____ Dental Emergencies   ____ Electric shock
   ____ Burns   ____ Head injuries   ____ Drowning
   ____ Poisoning   ____ Allergic reactions   ____ Shock
   ____ Choking   ____ Loss of consciousness   ____ Eye injuries
   ____ Injuries, including ____ Musculoskeletal injury (e.g., sprains, fractures) _____ Convulsions or non-
   human bites
   convulsive seizures

C. Please indicate below the credential(s) and expiration date(s) for each first aid
   instructor. All instructors must continue to hold current credentials from the
   certifying agency.

<table>
<thead>
<tr>
<th>Instructor #1</th>
<th>Instructor #2</th>
<th>Instructor #3</th>
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<tbody>
<tr>
<td>Standard First Aid Instructor, Community First Aid &amp; Safety Instructor, or Emergency Response Instructor (American Red Cross)</td>
<td>(Name)</td>
<td>(Name)</td>
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<tr>
<td>Date</td>
<td>(Expiration Date)</td>
<td>(Expiration Date)</td>
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<tr>
<td>First Aid Instructor (National Safety Council)</td>
<td>(Name)</td>
<td>(Name)</td>
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<td>Date</td>
<td>(Expiration Date)</td>
<td>(Expiration Date)</td>
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<tr>
<td>Emergency Medical Technician Instructor (State Department of Health - Division of Emergency Medical Services)</td>
<td>(Name)</td>
<td>(Name)</td>
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<td>Date</td>
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<tr>
<td>Registered Nurse (Virginia Department of Health Professions, Board of Nursing)</td>
<td>(Name)</td>
<td>(Name)</td>
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<td>Date</td>
<td>(Expiration Date)</td>
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<tr>
<td>Physician (Medical, Virginia Department of Health Professions, Board of Medicine)</td>
<td>(Name)</td>
<td>(Name)</td>
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<td>Date</td>
<td>(Expiration Date)</td>
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</table>
First Aid Instructor (American Safety and Health Institute) ___________________________________________(Name) __________________________________________(Name) __________________________________________(Name) __________________________________________(Expiration Date) __________________________________________(Expiration Date) __________________________________________(Expiration Date) None of the above __________________________________________(Name) __________________________________________(Name) __________________________________________(Name) Note: Individuals not meeting one of the above qualifications may still be able to teach if information is provided that demonstrates the individual: is competent in first aid, knows adult training techniques, can teach first aid knowledge and skills and regularly teaches first aid courses, some of which are monitored by an outside entity.

D. Will you assure that each instructor’s credential mentioned above will be kept current during the Department of Social Services’ acceptance of your course?
   _____ Yes _____ No

E. Does the first aid course content reflect recommendations from one of the following sources: American Red Cross, American Heart Association (Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science published in the August 22, 2000 issue of Circulation), National Safety Council, American Academy of Pediatrics (first aid chart dated 9/01) or Virginia Department of Health (First Aid Guide for School Emergencies dated 1998)?
   _____ Yes _____ No

F. Has the first aid course been reviewed and updated if needed to reflect the recommendations in Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science published in the August 22, 2000 issue of Circulation?
   _____ Yes _____ No

G. Does the first aid course require students to demonstrate competency by written test (or other method if English is a second language or the person has a disability) in relation to first aid knowledge?
   _____ Yes _____ No

H. Does the first aid course require students to demonstrate competency in the application of skills learned during the course?
   _____ Yes _____ No

I. How long does your first aid certification or other documentation of student competency stay valid?
   _____ 3 years or less _____ More than 3 years _____ given to students

II. CPR Course Information
A. Name of CPR course: __________________________________________
   Name of instructor(s): __________________________________________
B. Please check the content areas covered by the CPR course:
   ____ Determination of responsiveness
   ____ Airway (assessment and opening of airway)
   ____ Breathing (assessment of breathing and rescue breathing)
   ____ Circulation (assessment of circulation and chest compressions)
   ____ Coordination of compressions and rescue breathing
   ____ Activation of EMS system
   ____ Foreign-body airway obstruction management

Note: CPR courses must be appropriate for the entire age span of children in the center's care.

C. Please indicate below the credential(s) and expiration date(s) for each CPR instructor.
   All instructors must continue to hold current credentials from the certifying agency.

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<tr>
<th>Instructor</th>
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<tr>
<td>CPR Instructor (American Red Cross)</td>
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<tr>
<td>CPR Instructor (National Safety Council)</td>
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<tr>
<td>BLS Instructor, Instructor Trainer, or</td>
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<td>Regional Facility (American Heart Association)</td>
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<tr>
<td>Emergency Medical Technician Instructor</td>
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<td>(State Department of Health - Division of</td>
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<td>Emergency Medical Services)</td>
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<tr>
<td>Registered Nurse with current CPR credentials</td>
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<td>(Virginia Department of Health Professions -</td>
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<td>Board of Nursing)</td>
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Physician with current CPR credentials (Medical, Virginia Department of Health Professions - Board of Medicine)

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CPR Instructor (American Safety and Health Institute)

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None of the above

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Note: Individuals not meeting one of the above qualifications may still be able to teach if information is provided that demonstrates the individual: is competent in CPR, knows adult training techniques, can teach CPR knowledge and skills to others and regularly teaches CPR courses, some of which are monitored by an outside entity.

D. Will you assure that each instructor’s credential mentioned above will be kept current during the Department of Social Services’ acceptance of your course?

_____ yes  _____ No

E. Is the CPR course content up to date so it reflects the American Heart Association’s Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science published in the August 22, 2000 issue of Circulation?

_____ Yes  _____ No

F. Does the CPR course require students to demonstrate competency by a written test (or other method if English is a second language or the person has a disability) on CPR knowledge?

_____ Yes  _____ No

G. Does the CPR course require students to demonstrate competency in the application of CPR skills?

_____ Yes  _____ No

H. How long does your CPR certification or other documentation of student competency stay valid?

_____ 2 years or less  _____ More than 2 years  _____ given to students

No certification is
Results of the Department of Social Services' evaluation of your first aid/CPR course should be sent to:

_________________________________________

_________________________________________

_________________________________________

_________________________________________

_________________________________________

_________________________________________

(Signature of Person Completing this Form)          (Date)

Note: The Department of Social Services may monitor the instructor(s) as well as the competency of the students in relation to first aid and CPR knowledge and skills to ensure compliance with the information provided on this form.

(To be completed by Department of Social Services Staff)

____ The course entitled ___________________________________ may be used to meet the first aid requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers. The individual(s) mentioned in this form must teach the course and continue to hold current credentials from the certifying agency as noted in this form. You may use this course until _________________. Any change to the first aid course or the center regulation or any new information we may learn about first aid may affect the acceptability of your course.

____ The course entitled ___________________________________ may be used to meet the CPR requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers. The individual(s) mentioned in this form must teach the course and continue to hold current credentials from the certifying agency as noted in this form. You may use this course until _________________. Any change to the CPR course or the center regulation or any new information we may learn about CPR may affect the acceptability of your course. Center staff need to take CPR courses appropriate for the entire age span of the children in the center's care.

____ The course entitled ___________________________________ is not acceptable for meeting the first aid requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers because of the following:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

032-05-051/5 (6/05)
The course entitled ____________________________________ is not acceptable for meeting the CPR requirements of 22 VAC 15-30-590 A of the Standards for Licensed Child Day Centers because of the following:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We can re-evaluate your First Aid or CPR course if new or additional information is submitted.

________________________________________  _________        ____________  
(Signature/Title of DSS Staff)      (Date)         (Phone Number)