



First Born Training: Competency Checklist

Employee Name _____ Date Training Began _____ Ended _____

Competencies	Date completed	Time spent	Home Visitor Initials*
Competency #1 – Guiding principles/Program fidelity/ACES			
Competency #2 – Relationships and Communication skills			
Competency #3 – Cultural humility			
Competency #4 – Adult learning			
Competency #5 – Decision making			
Competency #6 – Managing home visits			
Competency #7 – Documentation			
Competency #8 – Safety issues			
Competency #9 – Stress management			
Competency #10 – Prenatal			
Competency #11 – Birthing, postpartum			
Competency #12 – Breastfeeding			
Competency #13 – Infant nutrition			
Competency #14 – Immunizations			
Competency #15 – Infant Care			
Competency #16 – Pediatric concerns			
Competency #17 – Infant/Toddler growth and development			
Competency #18 – Depression, suicide			
Competency #19 – Parenting			
Competency #20 – Smoking			
Competency #21 – Family planning			
Competency #22 – Domestic violence			

Competency #23 – Substance abuse			
Competency #24 – Child abuse and neglect			
Competency #25 – Human Services Department			
Competency #26 – Community resources			
Competency #27 -- Immigration			
Competency #28 -- Poverty			
Competency #29 – CPR certification			

***Your initials indicate you have completed the training module online and face to face with your supervisor or other content expert *if applicable*. It is understood that your training will continue throughout your employment as a First Born Home Visitor.**

Home Visitor Signature

Date Completed

To be completed by Program Manager. Please choose one:

_____ I certify that the above home visitor has completed the minimum required training for all 29 competencies.

_____ The above individual has been employed as a home visitor has been employed for _____ years and has previously completed **sufficient** training in the 29 competencies.

Program Manager Signature

Date

First Born State Director Signature

Date



First Born New Mexico

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