





How to Register for a Class

1. Go to <https://stage.worklivesystems.com/ProfessionalDevelopmentClassSearch> or <https://stage.worklivesystems.com/training/39>.
2. Then select any of the different filters to narrow your search, specifically by Date and County then click Find.
3. Available Classes will populate and show up depending on the View Selected on the top, which will either be in List, Calendar, or Map View for your reference.

+ My Search for Training List View Calendar View Map View

Click the Type of Training you prefer:

 Classroom Training  Online Training

Select Classroom Type: Filter classes in different areas and or by county/date.

Professional Development Opportunities

I'd like to gain knowledge in:

Between these dates: 06/03/2022 to 06/03/2022

Select area to search for classes:
 Counties with Classes Near an Address
What county would you like to search in?
All

Find

< > today June 2022 month week

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

[06:00 pm]
Addressing
Hawaii's Health
Standards (513)
(Seats Open: 7)

4. Select Class Date to View Class Details and Register.

View Class Details



Addressing Hawaii's Health Standards (513)
06/03/2022

Trainer Name: TBA-To Be Announced
Email: gsayers@patch-hi.org
Phone: (808)833-6866

Building Name:
Oahu PATCH Training Room

Description:
An overview of Hawaii State regulations pertaining to health standards for family child care homes. (HSN, SA1 - 3hrs) (HS - 3hrs) Basic FCC Series (Class 6 of 10)

Class Type:
Classroom

Age Impacted:
3 – 5 Years Preschool

Organizer:
Gina Sayers

Start Date:
06/03/2022

Start Time:
06:00 pm

Location Details:
Training will be held in the conference room next to the PATCH office. Parking available on site.

Capacity:
7 (Seats Open: 7)

Address:
560 N. Nimitz Highway Ste. 218, Honolulu, HI 96817

Core Competence:
Health and Safety

End Date:
06/03/2022

End Time:
09:00 pm

Total Class Hours:
3.00

Notes:
Please complete a self-care wellness check 1 day prior to attending a training on-site.

Class Fee:
\$5.00

Payment Information:
*Each class requires a \$5.00 refundable registration deposit fee. Registration is pending until registration deposit is received. Call your local PATCH Training Office for details and confirmation.

Register **Cancel**

5. Register for Class by first selecting one option in the drop down menu, I am a:

Register for this Class

Addressing Hawaii's Health Standards (513)
06/03/2022

I am a: *

Please select

- Please select
- Program Registering Staff
- Staff of a Child Care Program
- Family Child Care Home
- Interested Consumer

Please Note: For New Trainee's, ex. Potential Providers-FCC, or trainees not associated with a school or license ID, such as Parents, Foster Parents, and all Others please select **Interested Consumer**.

*All other options will require a license ID to be entered to complete registration. Trainee's may search for their school or license ID if applicable. (See example 5a and pictures # 1-5.)

Cancel

5a. Other options that require a [Provider License ID](#) are pictured below.

#1 I am a: * License ID:

Program Registering Staff

I am a: * License ID who you work for:

Staff of a Child Care Program

I am a: * License ID:

Family Child Care Home

After selecting your I am a option, click [Find Provider's License ID](#).

From there, you will be able to type in to [Search by business name](#).

Find Provider's License ID ✕

#3

Find Provider's License ID ✕

#4

Find Provider's License ID ✕

Select	License	Business Name	Address	City	Zip Code	County
#5 <input checked="" type="checkbox"/>	123456	PATCH Hawaii	560 North Nimitz Highway	Honolulu	96817	Oahu

6. Lastly, finish completing the registration form and [Submit](#).

(A confirmation registration email will be auto-generated and sent to your email.)

Register for this Class ✕

Addressing Hawaii's Health Standards (513)

06/03/2022

I am a: *		Email: *		
<input style="border: 1px solid orange;" type="text" value="Interested Consumer"/>		<input type="text"/>		
First Name: *	Last Name: *	Telephone: *		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address:	City:	State:	Zip:	County: *
<input type="text"/>	<input type="text"/>	HI	<input type="text"/>	<input type="text"/>
Gender:	Accept Subsidy pay?			
<input type="text" value="Please select"/>	<input type="text" value="Please select"/>			
Age Group:	Child Age Group you serve:	Number of Children: *		
<input type="text" value="Please select"/>	<input type="text" value="Please select"/>	<input type="text"/>		
Highest Education Level Completed:	Title/Role that best describes you:	Hispanic or Latino Ethnicity *		
<input type="text" value="Please select"/>	<input type="text" value="Please select"/>	<input type="text" value="Please select"/>		

7. Please contact your local PATCH Training Office for details and Confirmation.

Please Note: Registration is pending until \$ 5.00 Registration Deposit is received.