DC CHILD CARE SUBSIDY PROGRAM

Request for Closure to Host an Onsite Training – Virtual Instruction

Child care providers should use this form to request a professional development closure to host an onsite training that will be conducted using virtual instruction. Child care providers must also complete and submit the Staff Training Attendance List (see pages 3-4) with this form. The completed form and attendance list must be emailed to the assigned Education Services Monitor (ESM) and OSSE.Subsidy@dc.gov. Click here for instructions on completing this form.

Date of Virtual Training:	**Total Number of Training Hours:**	
Provider Name:		
Facility Name:	**Facility License #:**	
This training will be facilitated by (select one) ☐ Certified Individual Trainer ☐ A representative of a Certified Organization		
Name of Certified Organization (if applicable):	**Organization's Certification Number:**	
Name(s) of the Certified Trainer(s):	**Trainer's Certification Number:**	
Technology Plan: (How will participating staff access technology? How will the facility supervise staff throughout the day while technology is in use? What is the plan for if a member of staff completes training prior to the allotted time for each course?)		
Training Information: Training #1		
Core Knowledges (CKAs) to be covered:		
Start Time:	**End Time:**	**Total number of hours of training in the CKA(s):**
Training Topic(s):		

DC CHILD CARE SUBSIDY PROGRAM

Summary of the Training Topic:		
Training Information: Training #2 *Complete this section if an additional training will take place on the Date of Virtual Training identified above*		
CKA(s) to be covered:		
Start Time:	**End Time:**	**Total number of hours of training in the CKA(s):**
Training Topic(s):		
Summary of the Training Topic:		
Training Information: Training #3 *Complete this section if an additional training will take place on the Date of Virtual Training identified above*		
CKA(s) to be covered:		
Start Time:	**End Time:**	**Total number of hours of training in the CKA(s):**
Training Topic(s):		
Summary of the Training Topic:		
Training Information: Training #4 *Complete this section if an additional training will take place on the Date of Virtual Training identified above*		
CKA(s) to be covered:		
Start Time:	**End Time:**	**Total number of hours of training in the CKA(s):**
Training Topic(s):		
Summary of the Training Topic:		
Authorized Representative Signature:		**Date:**

DC CHILD CARE SUBSIDY PROGRAM

Staff Training Attendance List

Staff Name	Staff Type

DC CHILD CARE SUBSIDY PROGRAM

Staff Name	Staff Type