



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Child Development Program Training Tracking Chart 30-Day Requirements

1. Program Name: _____
3. Center Director/On-Site Administrator: _____

2. License No.: _____
4. License Period: _____
Start: _____ Expiration: _____

5. Employee's Name	6. Job Title	7. Employee Start Date	8. Total Hours	Child abuse and neglect, prevention, detection and reporting	Emergency preparedness and response planning	Sudden Infant Death Syndrome (SIDS) and use of safe sleep practices	Prevention of shaken baby syndrome and abusive head trauma	First-aid and cardiopulmonary resuscitation (CPR)	Other	Other Core Knowledge Areas
9. Total										

I hereby certify that all information provided on this document is factual and correct. In the event that any information is falsified for any reason, it could result in regulatory action up to, and including, the termination of the child care facility license for this facility.

Center Director/On-Site Administrator Signature: _____ Title: _____ Date: _____