



Instructions for Completing the Professional Development Tracking Chart

Submit Annually

Program Name: Type the official name of the program/organization.

License No.: Type the facility's license number.

Center Director/Designee: Type the name of the center director/designee.

License Period:

Start: Enter the date the license was awarded. **Expiration:** Enter the date the license expires.

Employee's Name: List each current staff member. Use as many pages as needed.

Job Title: List each current staff member's title. Use as many pages as needed.

Employee Start Date: Type the date the employee started working in the program.

Total Hours: List the total number of health and safety training hours completed.

Total: Enter the total number of hours of all training taken by all staff members listed.

Training Topics: Enter the date(s) each training topic was completed and certificate was received, and the number of hours for each topic.

Other: Enter the date(s) of non-health and safety related training completed, and the number of hours for each training.

Other Core Knowledge Areas: Choose other Core Knowledge Area(s) in which staff has been trained.

Certification Statement: Persons certifying may include the director, owner or assistant director. The certification does not have to be notarized.

Important Note: Complete the tracking chart annually and submit a copy to your licensing specialist. Please keep the documents for your records, and present these documents when OSSE conducts inspections and verifies compliance with the completion of the required training.



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Professional Development Tracking Chart

1. Program Name: _____
 3. Center Director/Designee: _____

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

| 5. Employee's Name | 6. Job Title | 7. Employee Start Date | 8. Total Hours | Administration of medication | Prevention and control of infectious diseases | Sudden Infant Death Syndrome (SIDS) and use of safe sleep practices | Prevention and response to food allergies | Prevention of shaken baby syndrome and abusive head trauma | Emergency preparedness and response planning | Storage of hazardous materials and bio-contaminants | Precautions in transporting children, if applicable | First-aid and cardiopulmonary resuscitation (CPR) | Nutrition and physical activity | Other | Other Core Knowledge Areas |
|--------------------|--------------|------------------------|----------------|------------------------------|---|---|---|--|--|---|---|---|---------------------------------|-------|----------------------------|
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| 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 enforcement action up to, and including, the termination of the child care facility license for this facility.

Center Director/Designee Signature: _____ Title: _____ Date: _____