NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

QUALIFICATIONSChild Day Care Programs

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PROGRAM NAME:				FACILITY ID NUMBER:				
NAME OF PERSON WITH PENDING ROLE:				DATE OF BIRTH (mm/dd/yyyy): / /				
	rements for care	egiving staff in ch	nild day ca	are progra	ms. The ii	nformation is includ	tify qualifications ded in section .13 of ur licensor/registrar.	
Instructions:								
	•	qualification and		-	-			
•		your role in the		-				
You may be asPlease PRINT		dditional docume	entation to	demonst	rate educa	ation, training, or cr	nild care experience	
TYPE OF PROGRAM:		Family Day Care, Group Family Day Care and Small Day Care Centers			Day Ca	Day Care Center and School-Age Child Care		
ROLE IN PROGRAM		☐ Provider ☐ Volunteer ☐ Substitute		_	ector			
Education/Training	(if applicable fo	or pending role)						
Date Range Na		Degree, Major, ne of Credential, or Training			Institution		Number of Credits (if applicable)	
Child Care Experie	nce			,				
Date Range	Description				Location		Age of Children	
Supervisory Experi	ience (applicable	for pending role of	of Director a	at Day Car	e Center/So	chool-Age Child Care	e program)	
Date Range	Description				Location			
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