OCFS-LDSS-7043 (1/2008)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PLAN OF STUDY COMMITMENT FOR HEAD OF GROUP FOR PRESCHOOLERS, INFANTS AND TODDLERS

EMPLOYEE NAME *(PLEASE PRINT)*	NAME OF DAY CARE CENTER *(PLEASE PRINT)*
FACILITY ID/ CCFS #:	

Check the box that describes your plan of study

Day Care Center Head of Group for Preschoolers

☐ Nine (9) college credits in Early Childhood, Child Development or related field with a plan leading to a Child Development Associate credential.

Day Care Center Head of Group for Infant/Toddlers

☐ Nine (9) college credits in Early Childhood, Child Development or related field with a plan leading to a Child Development Associate credential. (In addition, 1 year of specific training and/or experience in infant or toddler care which may be demonstrated by obtaining an Infant Toddler Child Care credential.)

Commitment Agreement:

Check the appropriate box and fill in the blanks

☐ I will complete ______________________________ credential program within the time frame allowed by the credentialing institution.

Length of time permitted by credentialing institution:

Contact name and phone # for credentialing institution: ______________________________

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DATE PLAN OF STUDY WILL BEGIN:	DATE PLAN OF STUDY WILL BE REVIEWED: (1 yr from plan start date)

Name of learning institution/school/college ______________________________

must be a NYS accredited institution and proof of enrollment is required)

Heads of group who enter into a plan of study commitment have a responsibility to:

1. Attach enrollment verification to this form. A plan of study will not be approved without proof of enrollment.
2. Complete the plan as described above.
3. Immediately report any changes or disruptions to this plan to the day care center director.
4. Report plan of study progress to the director each semester.
5. Obtain transcripts and/or certificates of credentials as course work is completed and make them available to the day care center director when requested. Day care center director will maintain copies for OCFS review

SIGNATURE OF HEAD OF GROUP: X	DATE:
SIGNATURE OF DAY CARE CENTER DIRECTOR: X	DATE:
DATE PLAN WILL BE REVIEWED:	CCFS DATE: