CHILD DEVELOPMENT SERVICES (CDS) INDIVIDUAL EDUCATION PLAN (IEP) FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION TRAINING RECORD For use of this form, see AR 608-10, the proponent agency is DCSPER.

FCC PROVIDER	INSTALLATION		QTRS ADDRESS	
DATE INITIAL FCC TRAINING BEGAN	DATE PROVISIONAL CERTIFICATION ISSUED		DATE CERTIFICATION ISSUED	
		100025		
TRAINING REQUIR	TRAINING REQUIREMENTS		CREDIT HOURS	
		DATE	MINIMUM	EARNED
FCC ORIENTATION			8	
REGULATION AND SOPS				
CHILD GROWTH AND DEVELOPMENT				
CHILD PROGRAM ACTIVITIES				
CHILD ACTIVITY SPACES				
CHILD GUIDANCE TECHNIQUES				
CHILD HEALTH AND NUTRITION				
SAFETY AND EMERGENCY PROCEDURES				
PARENT AND PUBLIC RELATIONS POLICI	ES			
FCC BUSINESS PRACTICES			2	
CHILD ABUSE AND NEGLECT IDENTIFICATION AND REPORTING			2	
FIRST AID			3	
CARDIO-PULMONARY RESUSCITATION (CPR)			3	
COMMUNICABLE DISEASES AND ADMINISTERING MEDICATION			2	
OTHER				
TOTAL CREDIT HOURS REQUIRED (Actual number of hours required to complete m hours given)	ay exceed number of credit		20	
COMPONENT A: READINGS/VIDEO	OS			
MINIMUM CREDIT HOURS REQUIRED			3	
COMPONENT B: WORKSHOPS/CLA	ASSES			
CHILD ABUSE PREVENTION			2	
MINIMUM CREDIT HOURS REQUIRED			4	

CHILD DEVELOPMENT SERVICES (CDS) INDIVIDUAL EDUCATION PLAN (IEP) FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION TRAINING RECORD

TRAINING DECLUREMENTS		CREDIT HOURS	
TRAINING REQUIREMENTS	DATE	MINIMUM	EARNED
COMPONENT C: OBSERVATIONS			
CENTER		1	
FCC HOME		1	
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT D: HOME ENVIRONMENT RATING			
WORKSHOP/INITIAL ASSESSMENT		1	
EVALUATION & DEVELOPMENT OF IMPORTANT PLAN		1	
FOLLOW-UP ASSESSMENT		1	
FOLLOW-UP EVALUATION AND DEVELOPMENT OF IMPORTANT PLAN		1	
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT E: SPECIAL PROJECT			
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT F: INSTALLATION REQUIREMENTS			
MINIMUM CREDIT HOURS REQUIRED		3	
TOTAL CREDIT HOURS REQUIRED (Actual number of hours required to complete the unit may exceed number of credit hours given)		MIN 18	

COMMENTS

FCC PROVIDER'S SIGNATURE	ADDRESS		DATE
TRAINER'S SIGNATURE/TITLE	ADDRESS	AUTOVON	DATE