MARYLAND STATE DEPARTMENT OF EDUCATION

Division of Early Childhood Development - Office of Child Care **Party ID# _____**

Record of Pre-service Approved Training for Family Child Care Applicants

Applicant Name: _____ Phone _____email: _____

Note: *Prior to becoming registered, Family Child Care providers are required to complete a minimum of 4 clock hours of approved training in each of the 6 Core of Knowledge areas in addition to other mandated training listed below. The Core of Knowledge areas are: Child Development (Child Dev), Curriculum (Curr), Heath, Safety and Nutrition (HSN), Special Needs (Spe N), Professionalism (Prof), and Community (Comm).*

Course Title *(Please add course number if known.)*	***Core of Knowledge Area(s)** (Indicate number of clock hours in the appropriate areas)						**Date Completed**	**Totals**
	Child Dev	Curr	HSN	Spec N	Prof	Comm		
TOTALS								

Other Pre-service Mandated Training	**Course Title**	**Expiration Date**	**Date Completed**
First Aid			
CPR ____*Adult* ____*Child* ____ *Infant*			
Emergency Preparedness			
Medication Administration			
Americans with Disabilities Act			
Developmental Screening			
SIDS*(if planning to care for children under age 2)*			
Caring for Infants and Toddlers (45 clock hours) *If planning to care for 3 or more children under the age of 2.*			
Supporting Breastfeeding Practices			