Schoharie County Child Development Council, Inc.

**Type** - check one: { }training { }activity { }meeting { }workshop { } video { }Webinar

**Title of Training:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Training Category: #** { } below.

[1] Principles of Childhood Development [2] Nutrition/Health Needs of Children [3] Child Daycare Program Development [4] Safety/Security Procedures (including parent/staff communication) [5] Business Record Maintenance/Management [6] Child Abuse/Maltreatment Identification/Prevention [7] Statutes/Regulations - Child Day Care [8] Statutes - Child Abuse/Maltreatment

[9] Education and information on the identification, diagnosis and prevention of Shaken Baby Syndrome [10] ACES .

**Sponsor of Training**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Name**

**Trainer Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please Print Name** **Signature Required**

**Professional Title or Specialty Field of Trainer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time**:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **Location**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Start End**

Please describe briefly the topic(s) discussed **(DSS will not accept credit hours if topic is not shown to fall in one of the above categories) Attach any handouts received/disbursed:**

 Schoharie County Head Start / Early Head Start

**Registration Form**

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| **Attendee Signature** | **Title** | **Time** |
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Erika/Intake Forms disk/trainingregistrationform