

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**PLAN OF STUDY COMMITMENT FOR DIRECTOR OF DAY CARE CENTER
CHILD DAY CARE CENTERS**

DIRECTOR'S NAME (PLEASE PRINT)	NAME OF DAY CARE CENTER (PLEASE PRINT)
FACILITY ID #:	

You may use this form or an acceptable alternative to submit to the Office a plan of study. Contact your licensor or registrar with any questions. More information is also available on the agency website: ocfs.ny.gov.

Check the educational level currently held:

- 1. Associate's degree in Early Childhood or related field with a plan of study leading to a Bachelor's degree
How many credits will you need to complete a Bachelor's degree? _____
- 2. Child Development Associate Credential with a plan of study leading to a Bachelor's degree
How many credits will you need to complete a Bachelor's degree? _____
- 3. Associate's degree in Early Childhood or related field with a plan of study leading to a NYS Children's Program
Administrator credential
- 4. Child Development Associate Credential with a plan of study leading to a NYS Children's Program
Administrator Credential

Commitment Agreement: Check the appropriate box and fill in the blanks:

If you checked box 1 or 2 above:

- I will complete six credit hours within a one-year time period (three consecutive semesters, e.g. fall, spring, summer) starting on (date): _____ I will continue to complete courses at this rate until I have _____

reached the goal of a Bachelor's degree on (date): _____ **(Note: the Bachelor's degree must include a minimum of 12 credits in early childhood, child development, or a related field of study.)**

Name of college/school/learning institution: _____

(Must be a NYS accredited institution; *proof of enrollment is required*)

If you checked box 3 or 4 above:

- I will complete _____ credential program within the time the _____ frame allowed by the credentialing institution.

Length of time permitted by credentialing institution: _____

Name of credentialing institution: _____

Contact name and phone number for institution: _____

DATE PLAN OF STUDY WILL BEGIN:	DATE PLAN OF STUDY WILL BE REVIEWED:	(1 yr from plan start date)
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Directors who enter into plan of study commitment must:

1. Attach enrollment verification to this form. This plan of study will not be approved without proof of enrollment.
2. Immediately report any changes or disruptions in the plan to the NYS Registry and OCFS Regional Office.

3. Obtain transcripts and/or certificates of credentials as coursework is completed. Submit documentation of progress, changes, or disruptions to the NYS Registry and maintain copies on file.

SIGNATURE OF DAY CARE CENTER DIRECTOR: X	DATE:
SIGNATURE OF OCFS REGIONAL OFFICE MANAGER: X	DATE: