

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**PLAN OF STUDY COMMITMENT FOR GROUP TEACHER
FOR PRESCHOOLERS, INFANTS AND TODDLERS
CHILD DAY CARE CENTERS**

EMPLOYEE NAME (PLEASE PRINT):	NAME OF DAY CARE CENTER (PLEASE PRINT):	FACILITY ID #:
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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.

Day Care Center Group Teacher

Check the box that describes your plan of study:

- 1. 0-8 college credits in Early Childhood, Child Development, or related field with a plan of study leading to a Child Development Associate Credential
- 2. 9 college credits in Early Childhood, Child Development, or related field with a plan of study leading to a Child Development Associate credential
- 3. 0-8 college credits in Early Childhood, Child Development, or related field with a plan of study leading to an Associate's Degree in Early Childhood Child Development or related field: _____
- 4. 9 college credits in Early Childhood, Child Development, or related field with a plan of study leading to an Associate's Degree in Early Childhood Child Development or related field: _____

Note: A waiver must be approved by the OCFS Regional Office if employee does not have 9 credits as required in regulation. The waiver period runs concurrently with plan of study and both must be resubmitted at time of annual review.

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

If you checked box 1 or 2 above:

I will complete the _____ credential program.

Track (**select one**): Infant/toddler Preschool

Length of time permitted by credentialing institution: _____

Name of credentialing institution: _____

Contact name and phone number for institution: _____

If you checked box 3 or 4 above:

I will complete 6 credit hours within a one-year time period (three consecutive semesters, e.g. fall, spring, summer) starting on (date): _____

Name of college/school/learning institution: _____

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

How many credits will you need to complete an Associate's degree? _____

DATE PLAN OF STUDY WILL BEGIN:	DATE PLAN OF STUDY WILL BE REVIEWED:	(1 yr from plan start date)
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Group teachers 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. Report plan of study progress to the NYS Registry as needed. Continuous progress will be monitored through the NYS Registry.
3. Immediately report any changes or disruptions in the plan to the day care center director for approval and submission to the NYS registry.
4. Transcripts and/or certificates of credentials must be submitted to NYS Registry for review. Maintain copies for your records.

SIGNATURE OF GROUP TEACHER: X	DATE:
SIGNATURE OF DAY CARE CENTER DIRECTOR: X	DATE: