



Child Care and Development Fund (CCDF) Health and Safety Training Requirements

CERTIFICATION FORM

Facility Name	
Facility License Number	
Facility Address City, State, Zip	
Name	
Job Title	
Date	

As Director/Owner, I confirm, under penalty of perjury, that all employees working within my facility, including caregivers and teachers, have received training on all of the required health and safety topics and that I will keep a copy of this certificate in my files.

Signature

Date

*****IMPORTANT NOTICES*****

- Only one (1) certificate is needed per facility number
- Certificate must be kept on file at the facility
- New staff have ninety (90) days to complete requirements

**Questions about the Health and Safety Requirements?
Please contact the Family Support Unit at 1-800-322-8176.**