

# Tune In for Child Safety

## Affirmation of Training Compliance



**DIRECTORS:**  
Please Retain for Your Files!

### Part I

#### Affirmation of Training Compliance Statement:

- ◆ I certify that on [please enter date(s)] \_\_\_\_\_, I attended the New York State Office of Children and Family Services training titled, "Tune In for Child Safety."
- ◆ I understand that I am a mandated reporter and I must report to the Statewide Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.
- ◆ I attest that I witnessed the following audio codes that were given throughout this training:
  - 🎧 Audio code #1: \_\_\_\_\_
  - 🎧 Audio code #2: \_\_\_\_\_
  - 🎧 Audio code #3: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify under the penalty of perjury that to the best of my knowledge the statements in this affirmation are true and accurate.

### Part II

**The above participant has completed Part II as an In-Service Training.**

Please select one of the following: The participant completed:

- 1 long case study and 1 activity session
- 2 short case studies

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify under the penalty of perjury that to the best of my knowledge the statements in this affirmation are true and accurate.