NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL TRAINING TRACKING FORM FOR CHILD DAY CARE PERSONNEL

Caregiver Name: _____ **Role:** _____

☐ **Full Time** ☐ **Part Time Hours** _____ **License/Registration Period**

Director/Provider: _____ **Start:** / / **Midpoint:** / / **Expiration:** / /

Program Name: _____ **License/Registration Number:** _____ **Individual's Start Date:** / /

TITLE OF TRAINING	**SPONSORING ORGANIZATION /TRAINER** (CCR&R, RED CROSS, SUNY, ETC)	**TYPE OF TRAINING** (VIDEO, CLASSROOM, COLLEGE, TELECON-FERENCE ETC)	**DATE OF TRAINING**	**TOTAL HOURS**	(1) Principles of Childhood Development	(2) Nutrition & Health Needs of Infants & Children	(3) Child Day Care Program Development	(4) Safety & Security Procedures	(5) Business Record Maintenance & Management	(6) Child Abuse & Maltreatment Identification & Prevention	(7) Statutes & Regulations Pertaining to Child Day Care	(8) Statutes & Regulations Pertaining to Child Abuse & Maltreatment	(9) Education and Information on the Identification, Diagnosis & Prevention of Shaken Baby Syndrome
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Director/Provider Signature: _____ **Title:** _____ **Date:** / /

Caregiver Signature: _____ **Role:** _____ **Date:** / /

A copy of this form and valid documentation of training hours must be kept in employee personnel files and must be available for review by OCFS when requested. This form (when signed and dated) may be used to transfer training hours between day care programs.