NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD DAY CARE PROGRAM TRAINING TRACKING CHART

PROGRAM NAME: _____ **LICENSE/REGISTRATION NO.:** _____

LICENSE/REGISTRATION PERIOD

DIRECTOR/PROVIDER: _____ **START:** / / **MIDPOINT:** / / **EXPIRATION:** / /

CAREGIVER NAMES	ROLE IN DAY CARE PROGRAM	INDIVIDUAL'S START DATE	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:** / /