

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, TELECONFERENCE 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.