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	Principles of Childhood Development and Children	Nutrition and Health Needs of Infants	Child Day Care Program Development	Safety and Security Procedures	Business Record Maintenance and Management	Child Abuse and Maltreatment Identification and Prevention	Statutes and Regulations Pertaining to Child Day Care	Statutes and Regulations Pertaining to Child Abuse and Maltreatment	Education and Information on the Identification, Diagnosis and Prevention of Shaken Baby Syndrome	Adverse childhood experiences, focused on understanding trauma and on nurturing resiliency
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Director/Provider Signature: _____ **Title:** _____ **Date:** / /