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, TELE-CONFERENCE ETC.	DATE OF TRAINING	TOTAL HOURS	Principles of Childhood Development	Nutrition and Health Needs of Infants and Children	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 & 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:** / /

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.