



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**INDIVIDUAL TRAINING TRACKING FORM FOR CHILD DAY CARE PERSONNEL**

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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<b>TOTAL FOR PAGE 2:</b>													
<b>GRAND TOTALS:</b>													

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.*