

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL TRAINING TRACKING FORM FOR CHILD CARE PERSONNEL

Individual's Name: **Title:**

Director/Provider: **License/Registration Period** / / **TO** / /

Program Name: **CCFS License/Registration Number** **Individuals 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	Business Record Maintenance and Management (5)	Child Abuse & Maltreatment Identification & Prevention (6)	Child Day Care Program Development (3)	Identification, Diagnosis & Prevention of Shaken Baby Syndrome (9)	Nutrition & Health Needs of Children (2)	Principles of Childhood Development (1)	Safety & Security Procedures (4)	Statuses & Regulations Pertaining to Child Abuse & Maltreatment (8)	Statuses & Regulations Pertaining to Child Day Care (7)
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Signatures Required on Reverse Side

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	Business Record Maintenance and Management (5)	Child Abuse & Maltreatment Identification & Prevention (6)	Child Day Care Program Development (3)	Identification, Diagnosis & Prevention of Shaken Baby Syndrome (9)	Nutrition & Health Needs of Children (2)	Principles of Childhood Development (1)	Safety & Security Procedures (4)	Statutes & Regulations Pertaining to Child Abuse & Maltreatment (8)	Statutes & Regulations Pertaining to Child Day Care (7)
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Director/Provider Signature: _____ Title: _____ Date: / /

Employee Signature: _____ Title: _____ 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.