

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE PROGRAM TRAINING TRACKING CHART

PROGRAM NAME: _____

CCFS # _____ **LICENSING OR REGISTRATION PERIOD:** / / **TO** / /

INSERT EFFECTIVE DATE AND EXPIRATION DATE ON
LICENSE/REGISTRATION

NAME OF DIRECTOR/PROVIDER: _____

NAMES OF INDIVIDUALS	ROLE IN DAY CARE PROGRAM	INDIVIDUALS STARTING DATES	TOTAL HOURS	Business Records Maintenance & Management (5)	Child Abuse and 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 and Maltreatment (8)	Statutes & Regulations Pertaining to Child Care (7)
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Director/Provider Signature: _____ **Title:** _____ **Date:** / /

A Copy of this form or an approved equivalent must be sent to your licensor/registrar with your renewal application. Valid documentation of training hours must be kept in employee personnel files and must be available for review by OCFS when requested.

