INDIVIDUAL TRAINING TRACKING FORM FOR CHILD CARE PERSONNEL

Individual's Name_____ **Title** _____ **Individual's Start Date** ____/____/_____
Director/Provider _____ **Program Name** _____
License/Registration Period _____/_____/_____ **TO** _____/_____/_____ **CCFS License/Registration Number** _____

TITLE OF TRAINING	SPONSORING ORG./ TRAINER (CCR&R, RED CROSS, SUNY, ETC)	TYPE OF TRAINING (VIDEO, CLASSROOM, COLLEGE TELE-CONFERENCE ETC)	DATE OF TRAINING	TOTAL HOURS	Business Record Maintenance & Management (5)	Child Abuse & Maltreatment ID &Prevention (6)	Child Day Care Program Dev. (3)	ID, Diagnosis, and Prev. of Shaken Baby Syndrome (9)	Nutrition & Health Needs of Child. (2)	Principles of Childhood Dev. (1)	Safety & Security Procedures (4)	Statutes and Regs. Pertaining to Child Abuse & Mal. (8)	Statutes and Regs. Pertaining to Child Day Care (7)

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.