**OCFS-4880** (01/2021) FRONT Page 1

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 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
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|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **TOTAL FOR PAGE 1:** | | | | 0.00 |  |  |  |  |  |  |  |  |  |  |

**OCFS-4880** (01/2021) REVERSE Page 2

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, 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 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
|  |  |  | /  / | 0.00 | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | 0.00 | 0.00 |
| **TOTAL FOR PAGE 2:** | | | | 0.00 |  |  | |  | |  | |  | |  | |  | |  | |  |  |
| **GRAND TOTALS:** | | | | 0.00 | |  | |  | |  | |  | |  | |  | |  | |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.***