**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**

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| **Caregiver Name:** |       | **Role:** |       |
| **[ ]  Full Time [ ]  Part Time Hours**  | **License/Registration Period** |
| **Director/Provider:** |       | **Start:** |    /    /      | **Midpoint:** |    /    /      | **Expiration:** |    /    /      |
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| **Program Name:** |       | **License/Registration Number:** |       | **Individual’s Start Date:** |    /    /      |

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| **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 andSecurity Procedures | Business Record Maintenanceand Management | Child Abuse and Maltreatment Identification and Prevention | Statutes and Regulations Pertaining to Child Day Care | Statutes and RegulationsPertaining to Child Abuse & Maltreatment | Education and Information on the Identification, Diagnosisand Prevention of Shaken Baby Syndrome | Adverse Childhood Experiences, Focused on Understanding Trauma and on Nurturing Resiliency |
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**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**

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| **Caregiver Signature:**  |  | **Role:** |  | **Date:** |    /    /      |
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***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.***