

STAFF RECORD – CHILD CARE CENTERS

Use of form: Use of this form is **mandatory for Family Child Care Centers** to comply with HFS 45.04(5)(a) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. **All providers, employees and substitutes shall complete and sign the form.** Use of this form is **voluntary for Group Child Care Centers and Day Camps**; however, completion of this form will ensure compliance with HFS 46.04(5)(a) and HFS 55.41(3)(a). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions: The employee shall complete and sign the form for placement in the staff record.

I. Staff Person Information

Name – Staff Person	Address – (Street, City, State, Zip Code)	Telephone Number – Home
Birthdate (mm/dd/yyyy)	Position Title – At Hire	Date – Began Work (mm/dd/yyyy)

Promotions Received During Current Employment. List Position Title(s) and Date Started New Position

Emergency Contact(s) – List. (Name, Address, Telephone Number)

Secondary Education <input type="checkbox"/> Yes <input type="checkbox"/> No High school diploma If "Yes", date received: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No GED If "Yes", date received: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No CDA If "Yes", date received: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Registry Credential If "No", date applied for: _____
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II. Early Childhood Training

A. Entry Level Qualifications – List. Attach documentation including transcripts, certificates or Registry Credential.

Name – Post High School, College, University, Technical College	Dates Attended	Major	Degree, Diploma, Credential

B. Additional Early Childhood Training - List

Course Title(s)	Name – Sponsor / Trainer	Date – Course Completed	Number of Hours

III. Early Childhood Related Work Experience

List most recent employer first.

1. Name – Employer	Address – (Street, City, State, Zip Code)	Telephone Number	Position Title
Position Duties	Dates Employed (mm/dd/yyyy) From: To:	No. of Days Per Week Worked	Reason for Leaving
2. Name – Employer	Address - (Street, City, State, Zip Code)	Telephone Number	Position Title
Position Duties	Dates Employed (mm/dd/yyyy) From: To:	No. of Days Per Week Worked	Reason for Leaving
3. Name – Employer	Address – (Street, City, State, Zip Code)	Telephone Number	Position Title
Position Duties	Dates Employed (mm/dd/yyyy) From: To:	No. of Days Per Week Worked	Reason for Leaving
4. Name – Employer	Address – (Street, City, State, Zip Code)	Telephone Number	Position Title
Position Duties	Dates Employed (mm/dd/yyyy) From: To:	No. of Days Per Week Worked	Reason for Leaving
5. Name – Employer	Address – (Street, City, State, Zip Code)	Telephone Number	Position Title
Position Duties	Dates Employed (mm/dd/yyyy) From: To:	No. of Days Per Week Worked	Reason for Leaving

IV. Certification

I certify that the above information is complete and accurate to the best of my knowledge.

SIGNATURE – Staff Person

 Date Signed