

DAY CARE STAFF RECORD

Use of form: This form is to be utilized by day care centers and day camps for children to document compliance with the requirements of HFS 46.04(5)(a) 1 and 5, and HFS 55.41(3)(a) of the Wisconsin Administrative Codes. Use of this form is voluntary, however, the information must be provided. Personally identifiable information on this form is collected to comply with the Wisconsin Administrative Codes and will be used for this purpose only. It is not necessary to submit this form to your Licensing Specialist, however, a copy should be placed in the staff person's file.

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