

STAFF RECORD – CHILD CARE CENTERS

Use of form: Use of this form is **mandatory for Family Child Care Centers** to comply with DCF 250.04(5)(a) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Use of this form is **voluntary for Group Child Care Centers and Day Camps**; however, completion of this form will ensure compliance with DCF 251.04(5)(a) and DCF 252.41(3)(a)1. 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 and attach any documentation including transcripts, certificates, credentials or The Registry certificates. The form and any supporting documentation shall be placed in the staff file. Any changes to job position (promotions, demotions) should be recorded in the space provided at the end of the form when the change goes into effect.

I. STAFF PERSON INFORMATION

Name – Staff Person	Address – (Street, City, State, Zip Code)	Telephone Number – Home or Cell
Birthdate (mm/dd/yyyy)	Position Title – At Hire	Date – Began Work (mm/dd/yyyy)
Emergency Contact(s) – List		
a. Name	Address	Telephone Number
b. Name	Address	Telephone Number

II. EDUCATION

Secondary Education

Yes No High school diploma If "Yes", date received: _____ Name of High School: _____

Yes No GED If "Yes", date received: _____ Name of Issuing Agency: _____

Entry Level Qualifications – List

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

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.

a. 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
b. 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
c. 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
d. Name – Employer	Address – (Street, City, State, Zip Code)	Telephone Number	Position Title
Position Duties	Dates Employed (mm/dd/yyyy) From: To: From: To:	No. of Days Per Week Worked	Reason for Leaving

IV. THE REGISTRY CERTIFICATE

Yes No Do you have a certificate from The Registry documenting that you have met the qualifications for this position? Note: See 250.04(5)(k) or 251.04(5)(a)5. for requirements.

V. AFFIRMATION

Yes No Have you had a child care license or certification revoked? If “Yes”, provide the date of the revocation and the name and address of the licensing or certification agency.

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

SIGNATURE – Staff Person

 Date Signed

List below any changes to position status during current employment (e.g., part-time to full-time; promotions, etc.). List position title(s) and date started new position.

 Change in Status / Position

 Effective Date

 Change in Status / Position

 Effective Date

 Change in Status / Position

 Effective Date

 Change in Status / Position

 Effective Date