STAFF CONTINUING EDUCATION RECORD – REGULATED CHILD CARE CENTERS

Use of form: This form is voluntary; however, completion of this form will facilitate the licensing inspection process and help ensure compliance with DCF 202.08(1)(b)2.b., 250.04(5)(j) and 250.05(1)(b)4., and DCF 251.04(5)(a)6. and 251.05(2)(c) of the Wisconsin Administrative Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The form shall be completed by the staff person and placed in the employee file for examination by the licensing specialist / certification worker. Enter the data in chronological order, and use a new form for each continuing education year. Attach all supporting documentation and include documentation of any banked credit hours.

Name – Staff Person	Position	Training Year (mm/dd/yyyy) to	Employment Date	Hours Worked Per Week –

TRAINING DATE	TRAINING SUBJECT	SPONSOR	TRAINER INITIALS	NUMBER OF HOURS	SUBTOTAL

TOTAL HOURS _____