

**Use of form:** Use of this form is voluntary. It is intended for use as a review document for all staff records by day camp licensees and licensing specialists, and completion of this form may help ensure compliance with DCF 252.42(1). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** A separate file is required for each employee. A check mark indicates that the required information is in the file. Name, employment date, and position title should be filled in. Each camp shall have a person designated as Camp Director 252.42(2)(b), a person designated as Health Supervisor 252.44(6)(b) and a person designated as Waterfront Supervisor 252.44(7)(b)1.

Day Camp Name	Facility ID Number
Address (Street, City, Zip Code)	File Review Date

*Note: Also indicate whether the staff person is designated, at any time, to fulfill the duties of Camp Director (CD), Health Supervisor (HS) or Waterfront Supervisor (WS).	Staff Person Name and Position Title	Start Date (mm/dd/yyyy)	Staff record form information 252.42(1)(a)1.	High school diploma or equivalent 252.42(1)(a)6.	Documentation of certification / training for position(s) held 252.42(1)(a)2.	SBS / AHT prevention training 252.42(1)(a)2.	Preliminary Eligibility / Determination from CBU	Final Eligibility / Determination from CBU	Annual 24-hr. pre-camp training 252.42(1)(a)4.	Days and hours counted in counselor-to-child ratio . 252.42(1)(a)5.	Volunteers: 4-hr. programming training 252.42(3)(c)1.	Current child / adult CPR w / AED certificate 252.42(3)(e)	Current certification as lifeguard 252.44(7)(b)1.b., 252.44(7)(b)2.	Annual driver training 252.09(4)(b)	Annual driving record 252.09(4)(c)			
			A.															
			B.															
			C.															
			D.															
			E.															
			F.															
			G.															
			H.															

I attest that the information contained on this form is correct and complete to the best of my knowledge.