# STAFF CONTINUING EDUCATION RECORD – REGULATED CHILD CARE CENTERS

**Use of form:** This form is voluntary; however, completion of this form will facilitate the licensing / certification inspection process and help ensure compliance with DCF 202.08(1)(b)5 250.05(2)(f) and 250.05(4)(c), and DCF 251.05(2)(a)7. and 251.05(4)(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 – |
|---|---|---|---|---|
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| TRAINING DATE | TRAINING SUBJECT | SPONSOR | TRAINER INITIALS | NUMBER OF HOURS | SUBTOTAL |
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**TOTAL HOURS** _____