

DAY CARE STAFF CONTINUING EDUCATION RECORD

Use of form: This form is voluntary; however, its completion will facilitate the licensing inspection process and assure compliance with HFS 46.05(2)(c) and 45.04(1)(b)2 of the Wisconsin Administrative Codes. Personally identifiable information is confidential and will be used only to document compliance with the Wisconsin Licensing Rules for Day Care Centers.

Instructions: Attach documentation including 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		NUMBER OF HOURS	TRAINER INITIALS

TOTAL HOURS _____