

## 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 – Employee:** The staff person / employee shall complete and sign Section A and attach any documentation including transcripts, certificates, credentials or The Registry certificates.

**Instructions – Employer:** At time of hire, the licensee shall enter the position title, date began work, and employee duties information in Section B. The completed form and any supporting documentation shall be placed in the staff file. Any changes to job position (promotions, demotions) go into effect, the licensee shall record them in Section B.

**SECTION A – EMPLOYEE** (To be completed by staff person / employee.)

**I. Contact Information**

Name		Birthdate (mm/dd/yyyy)
Address – (Street, City, State, Zip Code)		Telephone Number – Home or Cell
Emergency Contact(s)		
Name	Address	Telephone Number
a.		
b.		

**II. Education** (Attach proof of qualification for position held)

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 (attach additional pages if necessary)

Name – Post High School, College, University, Technical College	Dates Attended	Major	Degree, Diploma, Credential
a.			
b.			
c.			

Additional Early Childhood Training (attach additional pages if necessary)

Course Titles	Name – Sponsor / Trainer	Date – Course Completed	Number of Hours
a.			
b.			
c.			

**III. Early Childhood Related Work Experience** (List most recent employer first)

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

**III. Early Childhood Related Work Experience** (continued)

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

**IV. Affirmation**

Yes  No Have you had a child care license or certification revoked or denied? If “Yes”, provide the date and the name and phone number 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

**SECTION B – EMPLOYER** (To be completed by licensee.) **Note:** Background check preliminary eligibility approval from DCF must be on file before employees may begin working under supervision. A licensee may not hire an employee within 2 years from the date an individual had a child care license revoked or denied.

**I. Position Information at Hire**

Position Title At Hire	Date – Began Work (mm/dd/yyyy)
<input type="checkbox"/> Yes <input type="checkbox"/> No Will this person provide care for infants and toddlers? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this person transport children in care? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this person be counted in staff-to-child ratios?	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)

**II. Changes to Position Status** (e.g., part-time to full-time; promotions, etc.)

a. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
b. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
c. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
d. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date