TOTAL HOURS

Division of Children and Family Services CFS-53A (Rev. 12/2004)

STAFF CONTINUING EDUCATION RECORD - 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 HFS 46.04(5)(a)5. and 45.05(1)(b)4. of the Wisconsin Administrative Codes. Personally identifiable information is confidential and will be used only to document compliance with licensing requirements.

Instructions: The form shall be completed by the staff person and placed in the employee file for examination by the licensing specialist. 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			oyment Date	Hours Worked Per Week
TRAINING DATE	TRAINING SUBJECT		to SPONSOR		NUMBER	TRAINER INITIALS
DATE					OF HOURS	INITIALS