

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 of the the form and attach any documentation including transcripts, certificates, credentials or The Registry certificates. **Instructions – Employer:** The licensee shall complete the date of hire and position title in Section B. The completed form and any supporting documentation shall be placed in the staff file. Any changes to job position (promotions, demotions) should be recorded by the licensee in Section B when the change goes into effect.

SECTION A – EMPLOYEE (to be completed by staff person / employee)

I. Contact Information

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

II. Education

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. Name – Employer		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. Name – Employer		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. Name – Employer		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? If “Yes”, provide the date of revocation and the name and address 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:** A completed BID form must be on file prior to the first day of employment.

I. Position Information at Hire

Position Title At Hire	Date – Began Work (mm/dd/yyyy)
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Yes No Will this person provide care for infants and toddlers?

Yes No Will this person transport children in care?

Yes No Will this person be counted in staff-to-child ratios?

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

a. Change in Status / Position	Effective Date
b. Change in Status / Position	Effective Date
c. Change in Status / Position	Effective Date
d. Change in Status / Position	Effective Date