DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-2142 (Rev. 09/2005)

STAFF CONTINUING EDUCATION AND TRAINING RECORD
CHILD WELFARE PROGRAMS

Use of form: Use of this form is voluntary; however, completion of this form will facilitate the licensing inspection process and help ensure compliance with the continuing education requirements outlined in HFS 52.12(5)(f)2. and 52.12(5)(h), HFS 54.03(3), HFS 57.17(2)(i) and HFS 59.04(1)(c)2. of the Wisconsin Administrative Codes. Personally identifiable information gathered on this form will be used only for identification purposes.

Instructions: The form shall be completed by the staff person, initialed by the trainer whenever feasible 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.

Name – Staff Person	Position	Training Year to	Employment Date	Hours Worked Per Week

Date / Time	Training Subject	Name – Trainer	Total Hours	Trainer's Initials