DEPARTMENT OF HUMAN SERVICES

Certified Child Care Center
Summary of Personnel Information – Initial Certificaiton

Certified Center Information:

Certification Holder:	Date:
Form Completed by (Name):	Title:

Certification Site Numbers:

DHS Use			Training						
BGS	**Staff Person Name:** List in alphabetical order	Date of Birth	Initial Orientation	Child Development	Health & Safety	Emergency Preparedness	Reporting	SUID (if applicable)	AHT (if applicable)

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