

# Staff Meeting - Record Form

_____	_____
site	date
_____	_____
training topic	trainer

Please sign in.

\_\_\_\_\_

total # of staff employed

\_\_\_\_\_

total # of staff at meeting

(print)	(sign)
1	
2	
3	
4	
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15	
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(print)	(sign)
21	
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The PROVIDER agrees to be truthful with all information. The PROVIDER understands that knowingly providing false information, omitting requested information, or signing inaccurate attendance documents will result in denial of further participation in Early Learning Coalition of Manatee County reward programs, and /or referral to the Manatee County Sheriff's Office and/or Florida Department of Law Enforcement Public Assistance Fraud Division for further investigation. The PROVIDER may be charged with a Class I misdemeanor or Class I felony (as defined in the Florida Statutes).

Director's Initials \_\_\_\_\_  
Date \_\_\_\_\_