

**MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care**

**STAFF MEMBER CHANGE REPORT FOR CHILD CARE FACILITIES**

Use this form to report any changes in staff within 5 working days of employment. Attach all required documents on all new staff (see note below). Send to your Office of Child Care regional office.

Name of Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street P.O. Box, if applicable City or County Zip Code

***PLEASE PRINT OR TYPE***

Name of Staff Member	Position *	Age Group	Hours	Check appropriate column			Fill in dates				Transferring from another facility in Maryland				
				Add	Delete	Change	Effective Date	Orient. Date	Medical Exam	CBC Ack. Date	NO	YES	Facility Name / County	Date Left	

\* Director, senior staff member, group leader, assistant group leader, aides, substitute, food service worker, clerical worker, driver, custodian, and/or volunteer

**PLEASE NOTE:** Within 15 calendar days, submit the following to your Office of Child Care regional office:

- (1) For each new staff member attach:
  - (a) an employment medical evaluation,
  - (b) a criminal background check acknowledgement,
  - (c) an individual personnel information form with documentation that the staff member meets the requirements for the position.
- (2) For each new director, attach a signed permission form to examine child and adult abuse and neglect records.
- (3) Attach a new staffing pattern reflecting staff changes including assignments for new employees.

\_\_\_\_\_  
Signature of Operator/Director

\_\_\_\_\_  
Date