

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
CHILD CARE FACILITY PERSONNEL LIST/STAFF CHANGE FORM

NEW FACILITIES: Complete and return page 1 of this form to the Regional Office of Child Care (OCC) with the Application for a Child Care Center License/Letter of Compliance (OCC 1200). Please list all facility personnel, whether paid or unpaid, and include volunteers who work at the facility on a routine basis. (*see position titles below)

EXISTING FACILITIES: If you are reporting a staff change, complete and return page 1 (for new staff) and page 2 (for new and existing staff) to report additional change information to the Regional Office of Child Care, within 5 working days. This form may also be completed and returned to OCC at announced inspection times.

Name of Facility: _____ Telephone #: _____

Address: _____ E-Mail Address: _____

PLEASE PRINT OR TYPE

NOTE: Completion of items in shaded columns is optional for partially exempt facilities and Letter of Compliance facilities.

Name of Staff Member	Position *	Hire Date at this Site	Age of Group	Orientation Date	Date Criminal Background Check Received				Notarized Release of Information		Date of Medical Report	Date First Aid Expires	Date CPR Expires	Date Approved by OCC for Position	Continued Training Hours	
					MD	OCC √	FBI	OCC √	Date Submitted	OCC √					Core of Knowledge	Elective

* Position Title: Operator, Director, Teacher, Assistant Teacher, Aide, Food Service Worker, Clerical Worker, Driver, Custodian, Substitute and/or Volunteer.

Signature of Operator or Director

Date

Please return this completed form to the Regional Office of Child Care at: _____

(STAMP or mailing address)

