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

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) or with the Request for Continuing License/Letter of Compliance (OCC 672). Please list <u>all</u> facility personnel, whether paid or unpaid, and include volunteers who work at the facility on a routine basis. (*see position titles below)

If you are reporting the Regional Office	e of Child (Care, wit	thin 5 v	vorking d	ays.	or pa	ge i an	u puge i	z (ioi new)	, or the	top and be	ttom por	on or pa	ige i une	an or p	gc 2 (101 c2	isting star	1) 10
Name of Facility:			Telephone #:															
Address:		E-Mail Address:																
NOTE: Completion	of items in	shaded o	column	s is optior	al for	partia			E PRINT (lities and L			e facilities.			1			
Name of Staff Member	Position*	Hire Date w the Operator	Age Of Group	Orient ation Date	Date Criminal Background Check Received				Notarized Release Of Information		Date of Medical Report	Date of Emergency Prep	Date of Medication Admin	Date First Aid Expires	Date CPR Expires	Date Approved By OCC	Continued Training Hours	
					MD	occ √	FBI	occ 1	Date Submitted	occ 1				Expires	Explies	For Position	Core of Knowledge	Elective
Position Title: Opera	ator, Directo	or, Teach	er, Assi	stant Tea	cher, A	Aide, I	Food Se	rvice W	orker, Cler	ical Wo	rker, Drive	, Custodia	n, Substi	tute and/	or Volun	teer		
Signature of Operator or	Director								Date				_					
Please return this compl OCC 1203 - Revised 6/1								(S	TAMP or ma	iling addre	ess)							_

ADDITIONAL STAFF MEMBER CHANGE INFORMATION – FACILITY NAME:

Complete this section if change information is being reported. (i.e. new staff, deleting an existing staff, staff position change). Page 1 must be submitted with page 2.

N. C			Type of Change	Transferring from another facility in Maryland?						
Name of Staff Member	Add Date	Delete Date	Other change (please explain, i.e. hours, position, age of group)	No	Yes	Name and County of previous facility	Date left			

PLEASE NOTE: Notification of New Staff – An operator shall:

- (1) Within 5 working days of adding a new employee or staff member, provide to the Office:
 - (a) Written notification of the individual's addition to the center staff;
 - (b) Information about the individual's work assignment; and
 - (c) A signed and notarized permission to examine records of abuse and neglect of children and adults for information about the individual; and
- (2) Within 15 working days of adding the new employee or staff member, provide to the office:
 - (a) If applicable, documentation that the individual meets the requirements of this chapter for the assignment, unless documentation already is on file in the office, and
 - (b) If the individual is paid by the center operator, proof of compliance with the laws and regulations pertaining to criminal background checks.

Signature of Operator or Director		Date	
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