

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

With Applications submitted for Child Care Center Licenses/Letter of Compliances (OCC 1200), and Requests for Continuing Licenses/Letter of Compliances (OCC 672), complete and submit a list of all facility personnel, whether paid or unpaid, including volunteers who work at the facility on a routine basis, to the Office of Child Care (OCC), or as requested by the Office in accordance with COMAR 13A.16 – 18.03.05A.

For staff changes, complete with dates and submit to the Office of Child Care, within 5 working days of adding or deleting an employee or staff member. Include updated OCC 1206 Staffing Pattern. If new employee is paid, ensure that the individual applied for a Criminal Background Check (CBC) on or before the actual date of employment. As applicable, within 15 working days of adding a new staff member, submit OCC Form 1205 Individual Personnel Information with all required documentation to support the requested position.

Name of Facility: _____ Telephone #: _____

Address: _____ E-Mail Address: _____

		Facility Personnel											
<input type="checkbox"/> Box When Reporting Changes →	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE
Name of Staff Member													
Requested Position Title * If New Position <input type="checkbox"/>													
Date Hired													
Date Applied for CBCs **													
Date OCC 1260 Release of Information Signed													
Date of OCC 1204 Medical													
Date of Staff Orientation													
Date- Emergency Preparedness													
Date- Medication Admin													
Date - ADA													
Date – Supporting Breastfeeding													
Date First Aid Expires													
Date CPR Expires													
Date – Developmental Screening													
Date No Longer Employed													
Date of Dir.'s Reg. Training													
Date of Aide Orientation													
For OCC Use Only													
Date FBI Received by OCC													
Date State Received by OCC													
Date Release Reviewed													
Date Position Approved													

* Position Titles: Operator, Director, Infant-Toddler, Pre-School or School-age, Teacher, Assistant Teacher, Aide, Food Service Worker, Clerical Worker, Driver, Custodian, Substitute and/or Volunteer, or Other (those who have frequent contact with children in care).

** On or before the first day of actual employment, an employee must apply for a Criminal Background Check.

Signature of Operator or Director _____

Date _____

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 changes). Page 1 must be submitted with page 2.

Name of Staff Member	Type of Change			Transferring from another facility in Maryland?			
	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 _____