

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

**ALL FACILITIES:** Please list all facility personnel, whether paid or unpaid, including volunteers. (\*see position titles below)  
**If you are reporting a staff change, complete and return page 1 for new staff or page 2 for position changes and/or deletions.**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE PRINT OR TYPE**

**SHADED AREA FOR OCC USE ONLY**

Name of Staff Member	Position *	Hire Date at this Site	C B C √	Date of Medical Report	Date of Release of Information	Date of Medication Admin	Expiration Date of First Aid and CPR	Date of Basic Health and Safety	Continued Training Complete √	Approved for Position √	FBI received by OCC √	MD CBC received by OCC √	Privacy Rights form √	MD Release Received √	Out of State Needed Y/N
	# of hours worked														

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

\_\_\_\_\_  
**Signature of Operator or Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail**

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**CHILD CARE FACILITY PERSONNEL LIST/STAFF CHANGE FORM**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**STAFF MEMBER CHANGE INFORMATION**

Complete this section if change or deletion information is being reported.

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

\_\_\_\_\_  
**Signature of Operator or Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail**