

Child Care Facility Staff Update Form



Use this form each time a new staff member is hired, when someone changes to a different position or when a staff member ends their employment with your program. Only list the employees that need their information updated. Add an additional page, if needed.

Facility Name:		
Contact Name(s):	Position:	
Email:	License #:	
Phone #:	Fax #:	Date:

Instructions: Please provide the following information in the table below:

- 1. Full name** - Last name, first name and middle initial of the individual
- 2. Identification information** that clearly identifies the individual - (Provide **one** of the following):
(a) Date of birth; (b) CBR Registry number (begins with an "R"); **or** (c) Last four digits of Social Security Number (SSN);
- 3. Employment hire date** - enter if the staff person is new, otherwise this can be left blank.
- 4. New Staff position** - please select from the options listed in the Position Titles based on Type of Program table below. If the individual will work in more than one position such as Director/Teacher, please list both.
- 5. Position start date** - enter if the staff person is new or if this is a change of position enter the start date in the new position.
- 6. Employment end date** - Used only if the person leaves your employment. Enter the last date they worked.

Position Titles based on Type of Program			
Certified Center (CC) Recorded Program (PS or SA) Requesting Agency (RA)	School-age only Centers (SC)	Certified Family (CF)*	Registered Family (RF)*
Aide I Aide II Teacher Director Multi-Site Coordinator Substitute Teacher Executive Director	Assistant Program Leader Program Leader Program Coordinator Sub. Program Coordinator Sub. Program Leader	Assistant I Assistant II Sub. Provider Spouse/Partner Other Adult Daughter Son	Sub. Provider Spouse/Partner Other Adult Daughter Son

Other positions
Cook
Driver
Owner
Staff Member
Manager
Substitute
Volunteer
Visitor

* Provider changes must go through a licensing specialist

1. Full Name (Last, First, MI)	2. Identification Information (a, b or c)	3. Hire Date (mm/dd/yy)	4. New Staff Position Title(s)	5. Position Start Date (mm/dd/yy)	6. Employment End Date (mm/dd/yy)	Complete (CCLD only)

Please send the completed form to CCLD **with your renewal application**, or by one of the following methods whenever staffing changes occur: (1) Email: CCLD.Customerservice@delc.oregon.gov (2) Mail: Child Care Licensing Division, 700 Summer St #350, Salem, OR 97301. (3) Fax: 503-947-1428 **or** (4) Contact your Licensing Specialist, as they can update staff information also.

Check this box if you would like this form returned to you when processing is complete.