

Child Care Facility: Staff Update Form



Use this form each time a new staff 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.

Facility Name:		
Contact Name(s):		Position:
Email:		
Phone #:	Fax #:	License / OCC Number:

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

1. **Full name** - Last name, first name and middle initial of the individual Date: _____
2. **Specific 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 SSN;
3. **Employment hire date** - enter if the staff person is new, otherwise this can be left blank.
4. **Staff position** - please select from the options listed in the 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 date they actually leave.

	Certified Center (CC), Requesting Agency (RA), Preschool Recorded Program (PS), School Age Recorded Program (SA)	School-age only Centers (SC)	Certified Family (CF)	Registered Family (RF)
Other positions	Aide I Aide II Teacher Head Teacher Director Executive Director Multi-Site Coordinator Site Director Supervisor	Assistant Program Leader Program Leader Program Coordinator Sub. Program Coordinator Sub. Program Leader Sub. Assistant Program Leader	Assistant I Assistant II Provider Sub Assistant I Sub. Assistant II Sub. Provider Son Daughter Spouse/Partner Other Adult	Provider Sub. Provider Spouse/Partner Other Adult Daughter Son

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

Please send the completed form to OCC **with your renewal application**, or by one of the following methods as staffing changes occur: (1) Email: OCC.CustomerService@ode.oregon.gov (2) Mail: Office of Child Care, 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.