



**Child Care Center
and School Age Program
Notice of Change of Management Staff**

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| Please complete the following information regarding changes in your facility and return to your licensor at the Department of Children, Youth, and Families. | | | |
| Facility name: | | Provider ID #: | Date: |
| Facility address: | | City: | State: Zip code: WA |
| Facility email address: | | Facility 10 digit telephone number: | |
| Name of individual completing this form: | | Signature of licensee or designee: | |
| Complete this section when there is a new management staff member: | | | |
| Name | Position | Date started in position: | Date of birth: |
| STARS ID # | | | |
| Attach copies of the following when submitting this form: | | The following are on file at your facility: | |
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Resume | <input type="checkbox"/> Basic STARS | <input type="checkbox"/> BBP/HIV |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Three References | <input type="checkbox"/> First Aid/ | <input type="checkbox"/> TB Test results |
| <input type="checkbox"/> DCYF (previously DEL) Orientation Certificate Date attended: | | <input type="checkbox"/> *Background check clearance completed in MERIT | |
| *If this is a new employee they must complete the portable background check process. Go to the DCYF website for complete information about the process: www.dcyf.wa.gov | | | |
| Comments: | | | |
| Complete this section when a management staff member is no longer at your facility: | | | |
| Management Staff Name: | Position: | End date as management staff: | MERIT profile has been updated: <input type="checkbox"/> |
| Comments: | | | |