



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

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:
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:
Photo ID Resume Transcript Three References
The following are on file at your facility:
Basic STARS BBP/HIV First Aid/CPR TB Test results
*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:

Comments: