|  |  |
| --- | --- |
| C:\Users\eva.freimuth\Desktop\DCYF_temp_logo.png | **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:WA | 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:** |  | **The following are on file at your facility:** |
| [ ]  | Photo ID | [ ]  | Resume | [ ]  | BasicSTARS  | [ ]  | BBP/HIV |
| [ ]  | Transcript | [ ]  | Three References | [ ]  | First Aid/ CPR | [ ]  | TB Test results |
| [ ]  | DCYF (previously DEL) Orientation Certificate Date attended:       |  | [ ]  \*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](http://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:        |