

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
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.

Other positions	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)
Cook Driver Owner Staff Member Manager Substitute Visitor Volunteer	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.