|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\eva.freimuth\Downloads\DCYF-Logo-BW (10).jpg | | | | **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 | | | |  | | Basic  STARS | | |  | | | | | 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: | | | | | | | | | | | | | | | | | | |