



Office of the



State Superintendent of Education

**CHILD CARE EMPLOYEE APPOINTMENT, PROMOTION OR SEPARATION  
NOTIFICATION**

Pursuant to Title 29 of the District of Columbia Municipal Regulations, Chapter 3, Child Development Facilities § 327.1, this form must be completed and sent to the Division of Early Childhood Education, Child Care Licensing Unit for each newly hired (appointed) staff, staff promotion or separation in your facility.

\_\_\_\_\_  
Name and Address of Facility

\_\_\_\_\_  
Director

**STAFF MEMBER:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION (High School Diploma, GED and College Degree):**

High School: \_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Date Attended

GED: \_\_\_\_\_  
Name of Educational Institution

\_\_\_\_\_  
Date Received

College: \_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Date Attended

Degree: \_\_\_\_\_  
Name of Degree

\_\_\_\_\_  
Date Received

**SPECIAL TRAINING  
(specify):**

\_\_\_\_\_

**EXPERIENCE:**

\_\_\_\_\_

\_\_\_\_\_

**STAFF CHANGES:**

Date: \_\_\_\_\_

Promotion

Termination, Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature and Title of Employer/Designee

\_\_\_\_\_  
Date

**RETURN TO: Division of Early Childhood Education, Child Care Licensing Unit, 810 First Street, NE., 4<sup>th</sup> Floor, Washington, DC 20002. Ph: (202) 727-1839.  
PLEASE RETAIN A COPY FOR YOUR RECORDS**

