



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

CHILD CARE EMPLOYEE HIRING, PROMOTION, OR SEPARATION NOTIFICATION

Pursuant to Title 5A of the DCMR, Chapter 1, 131.1, this form must be completed and sent to the Division of Early Learning, Licensing and Compliance Unit for each newly hired (appointed) staff, staff promotion, or separation in your facility.

Name of Facility

Director/Provider

STAFF MEMBER:

Name: _____

Date of Birth: _____

Home Telephone: _____

Cell Number: _____

Home Address: _____

Title of Position: _____

Date Hired: _____

Date Separated: _____

Brief Description of Duties:

Check each item below and attach all supporting documentation for each.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Current photograph
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed criminal background history check (Fieldprint)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed child protection registry check (CPR)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health certificates
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current resume
<input type="checkbox"/> Yes <input type="checkbox"/> No	Letters of reference
<input type="checkbox"/> Yes <input type="checkbox"/> No	Required degrees, credentials, or official transcripts
<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility/employee orientation training (review of facility's policies and procedures, and employee duties and responsibilities)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional development and earned continuing education units (see attached)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health and safety training requirements set forth in Section 139 (Staff Member Requirements: Professional Development) (see attached checklist)



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EDUCATION:

- BA or higher: _____
Name of Institution _____ Date Awarded _____
- Associates Degree: _____
Name of Institution _____ Date Awarded _____
- High School/GED: _____
Name of Institution _____ Date Awarded _____
- Montessori Certificate: _____
Name of Institution _____ Date Awarded _____
- CDA Credential: _____
Name of Institution _____ Date Awarded _____

PROFESSIONAL DEVELOPMENT COURSES (specify):

SUPERVISED OCCUPATIONAL EXPERIENCE:

Signature and Title of Employer/Designee

Date