

Notice of Change for Management Staff

Please complete the following information regarding changes in your facility and return to your licensor at The Department of Early Learning.			
Facility name:		Provider ID #:	Date:
Facility address:		City:	State: Zip code: WA
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:	
<input type="checkbox"/> Photo ID	<input type="checkbox"/> Resume	<input type="checkbox"/> STARS 20 Hrs.	<input type="checkbox"/> BBP/HIV
<input type="checkbox"/> Transcript	<input type="checkbox"/> Three References	<input type="checkbox"/> First Aid/ CPR	<input type="checkbox"/> TB Test results
<input type="checkbox"/> DEL Orientation Certificate Date attended:		<input type="checkbox"/> *Background check clearance completed in MERIT	
*If this is a new employee they must complete the portable background check process. Go to the following link for complete information about the process: http://www.del.wa.gov/requirements/info/background.aspx			
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: <input type="checkbox"/>
Comments:			