|  |
| --- |
| **Please list all Child Care Providers, Owners, Operators and Staff\* members (including yourself) who provide direct care to children, and Frequent Visitors (on site more than 12 hours per MONTH) and any persons living at the location where child care takes place (age 13 years and older)—*** **Department of Health & Welfare Criminal History Unit Background Check Clearance Notices are required for ALL Child Care Providers, Owners, Operators, Staff, or Frequent Visitors (on site more than 12 hours per MONTH) AND all persons age 13 and older living at this address**
* **Twelve (12) hours of training is required annually for all staff\* (and their immediate supervisors) providing direct care to children**

***\*****“Staff” means a person who is sixteen (16) years of age or older, who is expected to be employed more than 90 days, and is employed by a child care owner or operator to provide care and supervision at a child care facility* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  Name | Position at Facility | Date of hireMonth/Year | Date of BirthXX/XX/XXXX | Provides direct care to children?**Y**es/**N**o | Lives where child care takes place?**Y**es/**N**o |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

*Use back if necessary*

**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Director/Owner Signature Date*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  Name | Position at Facility | Date of hireMonth/Year | Date of BirthXX/XX/XXXX | Provides direct care to children?**Y**es/**N**o | Lives where child care takes place?**Y**es/**N**o |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
| 32 |  |  |  |  |  |  |
| 33 |  |  |  |  |  |  |
| 34 |  |  |  |  |  |  |
| 35 |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |