

STAFFING PLAN: CHILD CARE CENTERS

State of Michigan

Department of Human Services
Bureau of Children and Adult Licensing

List information for all staff and volunteers in the program.

Facility Name: _____

License Number: _____

Signature: _____
(Licensee or Authorized Designee)

Title: _____ Date: _____

Name	Position	Date of Hire	Work Schedule		Date of		Date of Completion					Date of Staff Screening		Date of	
			Days	Times	TB Test	Physical	Infant	CPR Child	CPR Adult	First Aid	Blood-Borne Pathogen	CPS	Finger print/ ICHAT *	Signed Abuse/ Neglect Statement	

*Electronic fingerprint clearance is required for the program director and licensee only. ICHAT required for all other center staff. For school employees, the licensee verified that fingerprints were completed as required by the school code (1976 PA 451).

Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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You may copy this form if you need additional sheets.