

# STAFFING PLAN: CHILD CARE CENTERS

## PART 1: ALL STAFF

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 <sup>+</sup> And Age Group/ Assigned Room	Date of Hire	Work Schedule		Date of TB Test	Date of Completion			Date of Staff Screening <sup>+</sup>		Date of Signed Abuse/Neglect Statement	Date of Annual Evaluation <sup>x</sup>	
			Days	Times		Infant	Child	Adult	First Aid	Blood-Borne Pathogen			CPS Child abuse/neglect

**You may copy this form if you need additional sheets.**

<sup>+</sup>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).

<sup>+</sup>The lead caregivers section (Part 2) must also be completed for all lead caregivers.

<sup>+</sup>ICHAT (unless fingerprinted) and central registry clearances must be updated every two years at renewal for all staff. See the Technical Assistance and Consultation manual for R 400.8125(10) for more information.

<sup>x</sup>It is optional to document the staff person's annual evaluation on this form.

Note: All caregivers in infant/toddler classrooms must have shaken baby & infant safe sleep training prior to caring for infants and toddlers.

Instructions: List all staff in Part 1, including lead caregivers.

Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial/revocation.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.
---	--

Name	Position* And Age Group/ Assigned Room	Date of Hire	Work Schedule		Date of  TB Test	Date of Completion					Date of Staff Screening*		Date of  Signed Abuse/ Neglect Statement	Date of  Annual Evalua- tion*
			Days	Times		Infant	CPR Child Adult		First Aid	Blood- Borne Patho- gen	CPS Child abuse/ neglect	Finger print/ ICHAT*		

You may copy this form if you need additional sheets.

**STAFFING PLAN: CHILD CARE CENTERS  
PART 2: LEAD CAREGIVERS**

Name of Lead Caregiver	Date of Promotion to Lead Caregiver	Date of Assignment to Current Age Group/Assigned Room	Education	# of Sem. Hours or CEUs in a Child-Related Field	Hours of Experience	Date of Completion		
						Infant/Toddler Caregivers		
						Shaken Baby Training	Infant Safe Sleep Training	I/T Dev. & Care Training
Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial/revocation.				Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.				

You may copy this form if you need additional sheets.