

**STAFFING PLAN: CHILD CARE CENTERS  
PART 1: ALL STAFF**

**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 Signed Abuse/Neglect Statement	
			Days	Times	TB Test	Physical	Infant	CPR Child	Adult	First Aid	Blood-Borne Pathogen		CPS Child abuse/neglect

\*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).

\*\*The lead caregivers section (Part 2) must also be completed for all lead caregivers.  
Note: All caregivers in infant/toddler classrooms must have shaken baby & infant safe sleep training prior to caring for infants and toddlers.

Authority: 1973 PA 116	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.
Completion: Mandatory	
Consequence: Failure to provide requested information may result in license denial/revocation.	

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

