

Utah Department of Health, Child Care Licensing
Center Renewal Application, Staff Record Form, Checklist D
 (Please use blue or black ink only)

Center Name: _____

Center Address: _____

Date Review Completed: ____ / ____ / _____

Date of last Announced Inspection: ____ / ____ / _____

► Please follow the attached instructions when completing this form. On page 2, please list all owners, employees, volunteers, and members of your governing board (if you have one). In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place. Your Licensing Specialist will collect this completed form as part of your Announced Inspection.

► On page 2, column 4, please indicate anyone who drives children in care, anyone who accompany children on field trips, and anyone who is used to meet the requirement that at least one person at the facility at all times when children are in care must have current First Aid and CPR certification.

► If volunteers are included in the provider to child ratio, they must meet all of the caregiver requirements.

For Licensing Office Use Only. Please continue on page 2.

Personel Items		X = Compliance O = Noncompliance
Owners are anyone who has a 25% or greater share in the business, or anyone with less than a 25% share if they are in the center anytime during hours of operation. If a center's legal structure is a corporation, a state or local government, or a private non-profit agency, and the organization operates other programs in addition to the child care program (for example, a ski resort, a recreation center, or a domestic violence shelter), the owners and members of the governing board include any owners and board members who perform one or more of the functions listed below.		
A. They have unsupervised access to the children in care at the center, or are present in the center during hours of operation.		
B. They make decisions regarding the day-to-day operations of the center.		
C. They hire and fire child care staff.		
D. The child care staff report to them and/or they conduct personnel evaluations of the child care staff.		
E. They are involved in writing the center's policies and procedures.		
D	1 ► (Ask.) Does the center have a copy of the current "Disclosure and Consent Statement" for CBS/LIS listing all current owners, directors, members of the governing board, employees, and non-parent volunteers?	6-3(1) 100-9(1)(h)
D	2 ► (Ask.) Did the center include all owners, directors, members of the governing board, employees, and non-parent volunteers on their Staff Record Form? If no, list the missing individuals on page 2. The center must include these individuals on their CBS/LIS Renewal and Disclosure Forms.	6-3(1) 100-9(1)(h)

Utah Department of Health, Child Care Licensing
Center Renewal Application, Staff Record Form, Checklist D
 (Please use blue or black ink only)

	1. First Name, Middle Initial	2. Last Name	3. Position(s) (Owner, Director, Assistant Director, Caregiver, Cook, Driver, Custodian, Volunteer, Board Member, or Other)	4. Mark if CPR/First Aid is needed	5. Start Date (First date of paid work, for those hired after your last Announced Inspection) (mm/dd/yyyy)		For Licensing Office Use Only:			
							First Aid, if Needed	CPR, if needed	Complete Staff File (Initial CBS/LIS, TB, Orientation Training)	Listed on CBS/LIS Renewal Forms?
1.					/	/				
2.					/	/				
3.					/	/				
4.					/	/				
5.					/	/				
6.					/	/				
7.					/	/				
8.					/	/				
9.					/	/				
10.					/	/				
11.					/	/				
12.					/	/				
13.					/	/				
14.					/	/				
15.					/	/				
16.					/	/				
17.					/	/				
18.					/	/				
19.					/	/				
20.					/	/				
21.					/	/				
22.					/	/				
23.					/	/				
24.					/	/				
25.					/	/				

Utah Department of Health, Child Care Licensing
Center Renewal Application, Staff Record Form, Checklist D
 (Please use blue or black ink only)

	1. First Name, Middle Initial	2. Last Name	3. Position(s) (Owner, Director, Assistant Director, Caregiver, Cook, Driver, Custodian, Volunteer, Board Member, or Other)	4. Mark if CPR/First Aid is needed	5. Start Date (First date of paid work, for those hired after your last Announced Inspection) (mm/dd/yyyy)		For Licensing Office Use Only:			
							First Aid, if Needed	CPR, if needed	Complete Staff File (Initial CBS/LIS, TB, Orientation Training)	Listed on CBS/LIS Renewal Forms?
26.					/	/				
27.					/	/				
28.					/	/				
29.					/	/				
30.					/	/				
31.					/	/				
32.					/	/				
33.					/	/				
34.					/	/				
35.					/	/				
36.					/	/				
37.					/	/				
38.					/	/				
39.					/	/				
40.					/	/				
41.					/	/				
42.					/	/				
43.					/	/				
44.					/	/				
45.					/	/				
46.					/	/				
47.					/	/				
48.					/	/				
49.					/	/				
50.					/	/				

If the center has more than 50 staff, copy and use the additional page below.

