
Date Submitted

REPORT OF PERSONS EMPLOYED IN A CHILD CARE FACILITY*

Month: _____ Year: _____

Reporting Facility: _____ Facility Provider ID#: _____

A. Persons Employed During Month (Attach Form CFS 508-1 for each person listed)

Name	Birthdate	Position	Date Employed

(continue on back of page if necessary)

B. Persons Changing Positions Within Facility During the Month (Attach Form CFS 508-1 for each person listed)

Name	Birthdate	Position	Date Employed

(continue on back of page if necessary)

This certifies that the above-employed persons have on file with the employing agency the required medical reports, background checks, verification of training, education and experience, and references indicating suitability for employment, in the position indicated, in accordance with minimum standards prescribed by the Department of Children and Family Services

C. Persons Leaving Employment During Month

Name	Position	Reason for Leaving	Date Employed

(continue on back of page if necessary)

Comments: _____

Signed: _____

Director/Executive Director: _____

***The facility is to submit report at the end of the month in which changes occur. The facility should retain a copy for its records.**
NOTE: ATTACH TO THIS FORM, THE CFS 508-1 FOR STAFF LISTED IN SECTIONS A OR B, AND SUBMIT TO YOUR DCFS LICENSING REPRESENTATIVE.