

**RECORD OF CHILD CARE RESIDENTS/  
STAFF FOR LICENSED FAMILY/GROUP  
CHILD CARE HOMES**

Manitoba Family Services  
Child Care Program  
219 - 114 Garry Street  
Winnipeg Manitoba R3C 4V6  
(204) 945-0776  
Toll free: 1-888-213-4754  
Website: [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)



- Add a new Resident/Staff
- Modify an existing Resident/Staff
- Remove an existing Resident/Staff

Please complete a separate form for each resident/staff person.

Please print clearly or type

**Facility Information**

Facility Number: \_\_\_\_\_ Child Care Co-ordinator: \_\_\_\_\_

Family/Group Child Care Home Name: \_\_\_\_\_

Family/Group Child Care Home Address: \_\_\_\_\_

**Personal Information**

Disclaimer: Please be aware that any changes/additions to your demographic information (names & addresses) made on this application will update any and all other files in your name at the Manitoba Child Care Program office (qualifications, subsidy, licensing etc.).

**Full & complete legal name:**

_____	_____	_____
Last name	First name	Middle name
<b>Previous name(s):</b>		
_____	_____	_____
Last name	First name	Middle name
_____	_____	_____
Last name	First name	Middle name
_____	_____	_____
Last name	First name	Middle name

**Date of Birth:**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
YYYY MM DD

**Gender:**

Female  Male

**Freedom of Information and Protection of Privacy Act**

Your personal information is collected under the authority of *The Community Child Care Standards Act* and will be used to establish conformity to the regulation. This information is protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, please contact the Manitoba Child Care Program.

**Resident/Staff Information**

**IA Status on new resident/staff:**  Date Submitted (yyyy/mm/dd): \_\_\_\_\_  Not Applicable

**Positions/Relationship:**

- |  |  |
|--|--|
| <input type="radio"/> Resident Licensee (group only) | <input type="radio"/> Licensee                                 |
| <input type="radio"/> Overnight Staff (group only)   | <input type="radio"/> Family member – spouse                   |
| <input type="radio"/> Boarder (non-family resident)  | <input type="radio"/> Family member – child < 12 years of age  |
| <input type="radio"/> Substitute                     | <input type="radio"/> Family member – child 12-18 years of age |
| <input type="radio"/> Integration Worker             | <input type="radio"/> Family member – child >18 years of age   |
| <input type="radio"/> Foster child                   | <input type="radio"/> Family member – extended family          |

**Effective Start Date (yyyy/mm/dd):** \_\_\_\_\_

*To be completed for additional residents/staff to a licensed home.*

**End Date (yyyy/mm/dd):** \_\_\_\_\_

*To be completed to remove a resident/staff from your Record of Child Care Residents listing.*

**First Aid Expiry Date (yyyy/mm/dd):** \_\_\_\_\_

*Required for licensee, resident licensee (group only), overnight staff (group only) and/or integration worker only.*

**CPR Expiry Date (yyyy/mm/dd):** \_\_\_\_\_

*Required for licensee, resident licensee (group only), overnight staff (group only) and/or integration worker only.*

**Mandatory 40 Hour Training Information:**

Completion Date: \_\_\_\_\_  
(YYYY/MM/DD)

Course Name: \_\_\_\_\_ Number: \_\_\_\_\_

Training Institution: \_\_\_\_\_

**Name of Provider or Owner/Operator:** \_\_\_\_\_

**X** \_\_\_\_\_  
Authorized signature

\_\_\_\_\_ Date