

**MARYLAND BOARD FOR THE CERTIFICATION OF
RESIDENTIAL CHILD CARE PROGRAM
PROFESSIONALS
DISCIPLINE AND COMPLIANCE
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215**

ATTN:

Leslie Johnson, Deputy Director

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WORK SITE REPORT FORM

The licensee asking you to complete this form is currently under the conditions and terms of a public order with the Maryland Board for the Certification of Residential Child Care Program Professionals. A Case Manager with the Board is monitoring the licensee's compliance with the order.

Please complete this form and return it to the Board via mail, email, or fax. THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.

Date: _____

Name of Residential Child Care Program Professional:

License #: _____

[Please rate employee 1-5: 5=Exceeds Performance; 1=Does Not Meet Performance]

Relationship with Co-workers/Clients: _____

Attitude: _____

Professionalism: _____

Personality Changes: Yes [] No []

**Please tell us your assessment of this individual's work performance since last month (or the last report you filed) and include supporting comments:
Very Good Good Fair Poor Very Poor**

Comments/Concerns:

Has there been any workplace disciplinary action? Yes No

Written Verbal

If yes, was it written or verbal? Please explain below.

Hours worked:

Average work hours per day: _____ Average total hours per week: _____

Shifts worked: Day Evening Night Weekend

Attendance: Number of absences: _____ Number of late arrivals: _____

Employed as: _____

Length of time under your supervision: _____

Name of Facility: _____

Address: _____

Supervisor's Name (please print) Signature of Supervisor

Title of Supervisor: _____

Phone No.: _____

THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.

For Office Use Only

Date Received by Case Manager: _____