

**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  
Phone: 410-764-5996  
Fax: 410-358-5674  
Email Address: Leslie.Johnson3@maryland.gov**

## **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:**

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**Has there been any workplace disciplinary action? Yes No**

**Written Verbal**

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

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**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: \_\_\_\_\_**

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**Supervisor's Name (please print) Signature of Supervisor**

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**Title of Supervisor: \_\_\_\_\_**

**Phone No.: \_\_\_\_\_**

**THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.**

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**For Office Use Only**

**Date Received by Case Manager: \_\_\_\_\_**