RESET

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - QUALITY PROGRAMS

CHILD CARE PROVIDER STAFF LISTING

All staff/volunteers must have on file a Tuberculosis (TB) Risk Assessment form completed, signed and dated by a medical professional no more than twelve (12) months prior to hire.

All staff/volunteers responsible for the direct supervision of children must complete any training on specific Health and Safety topics and any training required by the Division.

INSTRUCTIONS: Print the name of the child care provider/facility, DVN, and list the full name for all staff/volunteers as well as their MOPD ID. For each staff/volunteer listed indicate (1) if they have a Tuberculosis Risk Assessment on file by circling YES or NO, and (2) if they have completed required training by circling YES, NO, or N/A for 'Not Applicable,' if the staff member/volunteer is not required to complete training because they are not responsible for direct supervision of children. Make copies and attach additional sheets if necessary.

CHILD CARE PROVIDER/FACILITY NAME: _____
DEPARTMENTAL VENDOR NUMBER (DVN):_____

FULL NAME OF ALL STAFF/ VOLUNTEERS (Print)	MOPD ID	TB Risk Assessment on File (check YES or NO)	Required Training Completed (check YES, NO, or N/A)
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐
		YES ☐ NO☐	YES ☐ NO☐ N/A☐

Mail, fax, or email the completed form to:
Office of Childhood - Quality Programs
PO Box 480
Jefferson City, MO 65102
Fax: (573)526-9586
CCSubsidyAgreements@dese.mo.gov

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