

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

LISTING OF CHILD CARE STAFF MEMBER(S)/HOUSEHOLD MEMBER(S)

ARCHUS .						-				• •			
FACILITY IDEN	ITIFYING	INFORM	NOITAN										
I HEREBY CERTIFY THAT:					LEGAL NAME OF FACILITY								
THE LIST B													
(INCLUDIN STAFF ME	DVN												
AND ALL HOUSEHOLD MEMBERS. THE INFORMATION BELOW IS TRUE AND ACCURATE						FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)							
SIGNATURE									1	DATE			
CHECK APPROPRIATE TITLE DIRECTOR OWNER(S)			WNER(S)	BOARD CHAIRPERSON LLC MEMBER DESIGNEE									
CENTER DIREC	CTOR/ GF	ROUP HO	OME PRO	VIDER/ FAN	AILY H	OME P	ROVIDE	R WOR	< SCI	HEDULE			
(Enter the approx	kimate star	t and end	time for ea	ch applicable v	work day	of the v	veek.)						
SUNDAY	AY MONDAY		TUESDA	Y W	WEDNESDA		THURSDAY		FRIDAY		SATURDAY		
START TIME	START TIME		START TIME	START TI	START TIME		START TIME		START TIME		START TIME		
END TIME	END TIME		END TIME	END TIM	END TIME		END TIME		END TIME		END TIME		
CHILD CARE S	TAFF ME	MBER/	ADULT H	OUSEHOLD	MEMB	ER IDE	NTIFYIN	IG INFO	RM/	ATION			
(See page 2 for al													
NAME		CATEGORY (CHECK ALL THAT APPLY)				BIRTH DATE		MOPE ID	I POSITION			DATE EMPLOYED	
		STAFF MEMBER HOUSEHOLD			1EMBER								
		STAFF MEMBER HOU		HOUSEHOLD M	OUSEHOLD MEMBER								
		STAFF MEMBER HOL		HOUSEHOLD M	OUSEHOLD MEMBER								
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		STAFF	MEMBER	HOUSEHOLD M	1EMBER								
		STAFF	MEMBER	HOUSEHOLD M	1EMBER								
		STAFF	MEMBER	HOUSEHOLD M	1EMBER								
		STAFF	MEMBER	HOUSEHOLD M	1EMBER								
		STAFF	MEMBER	HOUSEHOLD M	1EMBER								
		STAFF	MEMBER	HOUSEHOLD M	1EMBER								

LEGAL NAME OF FACILITY		
DVN		
DATE		
IDENTIFYING INFORMATION FOR HOUSEHOLD	MEMBERS LINDE	R 18 VEARS OF AGE
NAME	BIRTH DATE	RELATIONSHIP TO PROVIDER

It is the licensee's responsibility to notify the Office of Childhood – Child Care Compliance if any above household members have been certified as adults for the commission of an offense.