

INSTRUCTIONS FOR COMPLETING THE TRAINING ATTESTATION FORM FOR LICENSED CHILD CARE PROVIDERS

SECTION A - All fields in Section A are required fields.

CHILD CARE PROVIDER NAME – Enter the name of the child care provider or the name of the child care facility.

PROVIDER DEPARTMENTAL VENDOR NUMBER – Enter the child care provider Departmental Vendor Number (DVN).

FACILITY ADDRESS - Enter the physical street address where child care is provided, including the number and street name.

CITY, STATE, ZIP – Enter the city, state, and zip code for the physical street address where child care is provided.

NAME AND TITLE OF AUTHORIZED SIGNER ATTESTING TO TRAINING – Print the name and title of the authorized signer. The authorized signer is the facility owner/licensee or authorized representative of the facility.

MOPD ID OF AUTHORIZED SIGNER ATTESTING TO TRAINING – Enter the MOPD ID of the authorized signer.

SECTION B - All required fields marked with an asterisk (*) must be completed.

Three (3) of the training topics listed have required questions marked with an asterisk (*) that must be answered by marking the appropriate checkbox.

- For the ‘Prevention of Sudden Infant Death Syndrome and Safe Sleeping’ topic, check the appropriate box (Yes or No) to indicate if your center does or does not provide care to children less than 2 years old. If you mark ‘Yes’, staff/volunteers counted in the child/staff ratio must complete training for this topic.
- For the ‘Prevention of Shaken Baby Syndrome and Abusive Head Trauma’ topic, check the appropriate box (Yes or No) to indicate if your center does or does not provide care to children less than age 2 years old. If you mark ‘Yes’, staff/volunteers counted in the child/staff ratio must complete training for this topic.
- For the ‘Transportation of Children’ topic, check the appropriate box (Yes or No) to indicate if your center does or does not transport children (includes transportation by staff/volunteers for field trips). If you mark ‘Yes’, staff/volunteers counted in the child/staff ratio must complete training for this topic.

SECTION C - All required fields marked with an asterisk (*) must be completed.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE – The facility owner/licensee or authorized representative of the facility must sign in blue or black ink.

DATE – Enter date (month, day and year) in which the attestation form was signed.

When sending completed form to Children’s Division, you must include a listing of facility staff/volunteers including their MOPD ID number.

TRAINING DOCUMENTATION

The Children’s Division will monitor licensed child care programs receiving subsidy during SFY 2018 through a random selection process. Licensed child care providers submitting a Training Attestation form (CD-239) may be required to provide documentation of training content to ensure the health and safety training topics are covered. Certificates of training with the training title and trainer’s name must be kept in staff personnel file. To ensure that trainings are acceptable, additional information such as the training objectives and/or training handouts should also be maintained with the training certificate.

Return completed form along with a listing of all facility staff/volunteers including their MOPD ID number to:

**Department of Social Services/Children’s Division
Early Childhood and Prevention Services Section
P.O. Box 88
Jefferson City, MO 65103-0088**