

IMPORTANT: This form is to be completed and signed by the child care facility owner/licensee or authorized representative of the facility after verifying all child care facility staff/volunteers have completed training in all the required topics. This form must be submitted to the Children's Division and will be filed in the child care provider contract file.

SECTION A *Required Fields Must Be Completed	
* CHILD CARE PROVIDER NAME	* PROVIDER DEPARTMENTAL VENDOR NUMBER (DVN)
* FACILITY ADDRESS (number and street name)	* CITY, STATE, ZIP
* NAME AND TITLE OF AUTHORIZED SIGNER ATTESTING TO TRAINING	* MOPD ID OF AUTHORIZED SIGNER ATTESTING TO TRAINING

## **SECTION B \* Required Fields Must Be Completed**

Child care facility owners, directors, and staff/volunteers counted in the child/staff ratio are required to complete training in all of the following topics by June 30, 2017:

- First aid and cardiopulmonary resuscitation

- Emergency Disaster and Response
- Mandatory Child Abuse and Neglect (CA/N) Reporting
- Prevention and Control of Infectious Diseases, including Immunizations
- Administration of Medication, Consistent with Standards for Parental Consent
- Prevention and Response to Food Allergy Emergencies
- Building and Physical Premises Safety, including Identification of and Protection from Hazards that can Cause Bodily Injury
- Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-contaminants
- Transportation of Children (Required for any provider that transports children) **\*Do staff/volunteers at your center** transport children (includes transportation by staff/volunteers to field trips)?
  - Yes 🛛 No 🖾 If 'Yes', training must be completed for this topic.

## SECTION C \*Required Fields Must Be Completed

If you and all staff/volunteers counted in the child/staff ratio at your child care facility have completed trainings in <u>all</u> of the topics listed above, sign and submit this form to the Department of Social Services (DSS), Children's Division. Please note that only training taken since January 1, 2016 will be accepted with the exception of First Aid/CPR if the certification is current. The completion of this form is considered confirmation that your facility is in compliance with all training requirements, as outlined in the Child Care Provider Agreement (CM-5). Attach a listing of all facility staff/volunteers including their MOPD ID. The DSS may monitor your facility's training records at any time to ensure compliance with training requirements.

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

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

\*SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE