

Dear Child Care Provider Registration Applicant:

The Department of Social Services (DSS) registers license-exempt child care programs to become child care providers for families eligible to receive Child Care Subsidy through the DSS. Summer camp programs are not required to be licensed child care providers, but are required to obtain a Certificate of Registration and sign a Child Care Provider Agreement with DSS to be paid for services provided to families eligible for Child Care Subsidy.

If you have been determined to be a license-exempt summer camp program by the Department of Health and Senior Services, Section for Child Care Regulation, you must meet the requirements detailed in the attached "Child Care Provider Application Instructions and Checklist for License-Exempt Summer Camp (SUM) Programs" before your registration agreement can be considered for approval.

Included in this packet are documents to assist you in the registration process, resources for technical assistance, and information regarding the Child Care Subsidy program. Read each document in this packet carefully and maintain the information in this packet for future reference.

If you have any questions or require further assistance, please contact us at:

Department of Social Services
Children's Division, Early Childhood Section
Child Care Provider Relations Unit
PO Box 88
Jefferson City, MO 65103-0088
Phone: (573) 526-3011
Fax: (573) 526-9586
Email: CD.AskCCPRU@dss.mo.gov



Child Care Provider Application Instructions and Checklist for License-Exempt Summer Camp (SUM) Programs

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION PROCESS

Complete each step below. Check the box by each task to indicate it has been completed. Missing information may delay your application.

Submit the following information to the Child Care Provider Relations Unit (CCPRU) at

Email: CD.AskCCPRU@dss.mo.gov

Fax: 573-526-9586

Mail: PO Box 88, Jefferson City MO 65103-0088

- ☐ **1. Submit** the first page of the **Registered Child Care Provider Agreement** ([CD-289](#)).

Helpful Tips:

- Carefully read the agreement, then complete and **return the first page only**. Your signature on the agreement means you have read and agree to all the requirements listed in the agreement.
- The agreement must be completed in full. The agreement will not be processed unless all required fields and requirements are completed. Incomplete agreements will be returned to the provider for completion.
- Keep a copy of the completed application for your records.

- ☐ **2. Submit** proof of Taxpayer Identification.

Helpful Tips:

- Acceptable forms of proof include the following:
 1. A copy of a Social Security Card with your correct name and SSN.
 2. If using an EIN (Employer Identification Number) submit one of the following on IRS Letterhead:
 - Submit the notice that was issued by the IRS when you applied for your EIN.
 - Obtain a Letter 147C by contacting the IRS. This verifies your EIN number.

- ☐ **3. Submit** completed **Child Care Provider Staff Listing** form ([CD-258](#)).

- ☐ **4. Submit** completed **Comprehensive Background Screening Information** form ([CD-273](#)). List the required information for yourself and all staff/volunteers of the facility.

- ☐ **5. Submit** completed [MOVECHS WAIVER AGREEMENT AND STATEMENT](#) that is included in this packet and follow instructions in STEP 8 to complete fingerprinting. (*Fingerprints are required **every 5 years** for every staff member age 18 and older. You do not need to submit the waiver if it is not time for you or your staff members' fingerprints to be redone.*)

Helpful Tips:

- Include the DVN or provider name on all waiver forms.
- Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.
- Every individual listed on the Comprehensive Background Screening form must complete a MOVECHS Waiver Agreement and Statement. DSS cannot review fingerprint results of an individual without having a waiver on file. In order to prevent any delay in processing a registration, the waiver(s) should be returned with the Comprehensive Background Screening form.
- If a current staff member has a background check eligibility letter issued by DHSS or DSS **AND** the fingerprint results are less than five (5) years old, a copy of the eligibility letter can be submitted as verification of completed fingerprints *as long as the staff member has not been separated from employment at a child care facility for more than 180 consecutive days*.

- ☐ **6. Submit** completed **Application for Vendor Direct Deposit** ([CD-122](#)).

Helpful Tips:

- A voided check or an official letter from your financial institution stating your name, the bank routing number, and your account number must be submitted with this form.
- Starter checks and counter checks will not be accepted.

Register for the following:

- ☐ **7. Register** yourself and all staff/volunteers with the Family Care Safety Registry (FCSR). Complete the FCSR application for yourself and all staff/volunteers online at <https://webapp02.dhss.mo.gov/bsees/>. Maintain FCSR screening results in employee files.

Helpful Tips:

- Submitting your FCSR request online can expedite the registration process.
- There is a one-time registration fee and processing fee, per person, payable by valid credit or debit card. Visit <https://webapp02.dhss.mo.gov/bsees/> to view fee amounts.
- If you are already registered with the FCSR, you do not have to pay the fee and register again.
- If at any time during your registration period additional staff/volunteers start providing child care services, the individual needs to be registered immediately with the FCSR.

- ☐ **8. Register** yourself and all staff/volunteers online and submit to fingerprinting through MACHS & IDEMIA, the fingerprint vendor. Individuals must register with the Missouri Automated Criminal History Site (MACHS) Fingerprint Portal at www.machs.mo.gov. A list of fingerprint location sites can be found through a link on the MACHS home page.

Helpful Tips:

- Individuals without access to the Internet may contact IDEMIA directly at 1-844-543-9712 to speak to a Fingerprint Services Representative.
- The registration number for Early Childhood is **8865**.
- Be sure to verify your Social Security Number at the time of fingerprinting and a photo ID.
- Additional information on the fingerprint process is located on the [MACHS Fingerprint Instruction](#) page of this packet.
- Fingerprinting must be completed every 5 years.

- ☐ **9. Register** with OPEN Initiative online at <https://www.openinitiative.org/> to complete the following:

- 1) **Obtain a Missouri Professional Development (MOPD) ID;**
 - The Missouri Professional Development (MOPD) ID is a unique number that you will use throughout your career in the child care field.
 - Refer to the OPEN Initiative website at <https://www.openinitiative.org/> for more information about getting an MOPD ID or how to look up your MOPD ID if you think you already have one.
- 2) **Create a Toolbox account and enroll in the MOPD Registry** at <https://www.openinitiative.org/>;
- 3) AFTER the registration is approved and you received the DVN and Certification or Registration, the owner or director must **Request Program Level Access and add your MOPD ID number under the facility DVN**.

Helpful Tips:

- The Toolbox account is where your training information is stored. Once you create a Toolbox account, you are then required to enroll in the MOPD Registry to track your attendance and completion of trainings obtained through the Workshop Calendar. Completed training cannot be verified until Program Level Access has been granted and you have been added as staff to the facility DVN.

Complete Required Training:

- ☐ **10. Complete** the following required training (applies to all applicant and all staff/volunteers that are responsible for the supervision of children):

- 1) [Child Care Subsidy Orientation Training](#)
 - Only one person from the facility is required to complete, usually the director/owner.
 - This training only needs to be completed one time.
- 2) Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) from a DSS approved national model
- 3) [CCDF Health and Safety Training](#)
 - Staff who have already completed Health and Safety Training must complete two (2) hours of training through the Missouri Workshop Calendar online at <https://www.moworkshopcalendar.org/>.

**Have the following completed forms with your records to be reviewed during the on-site monitoring visit:
DO NOT SUBMIT THESE FORMS TO CCPRU**

- ☐ **11. Have on file** for applicant and staff a **Tuberculosis (TB) Risk Assessment** form ([MO 580-3015](#)) completed, signed and dated by a medical professional no more than twelve (12) months prior to hire. The result should indicate that the applicant and staff is not TB contagious. If at any time a positive result has occurred, staff will need to obtain a written statement from their physician stating that they do not have contagious or active TB.

☐ **12. Have on file** a **Child Care Enrollment Information** form ([CD-257](#)) for each child in your care. This form should be updated annually or as changes occur.

☐ **13. Have on file** a **Medication Authorization** form ([BCC-11](#)) for all children requiring medication during care. This form should be updated as changes occur.

☐ **14. Have on file** an **Emergency Preparedness and Response Plan**.

Helpful Tips:

- An Emergency Preparedness and Response Plan template can be found at <https://dss.mo.gov/cd/child-care/files/emergency-preparedness-and-response-plan.pdf>.
- Contact your local Educare provider if you need assistance creating an emergency preparedness and response plan.

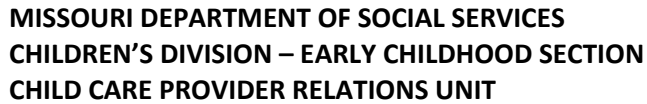
Review the Following:

☐ **15. Review** the [Child Care Provider Health and Safety Requirements](#) and be prepared to have an unannounced visit from the Missouri Registered Child Care Monitoring Unit to determine if these requirements have been met.

☐ **16. Review** the [Child Care Provider Resource List](#) to learn about important contact information and resources for child care providers.

IMPORTANT INFORMATION

- This application process is to be considered for registration approval.
- If approved, a Certificate of Registration will be issued to the provider at the address where care is provided. The exact begin and end date will be listed on the Certificate.
- Any costs associated with applying to become a registered child care provider are to be paid by the applicant.



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.

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.

[illegible]

CD-258 (REV 9/20)



**MISSOURI DEPARTMENT OF SOCIAL SERVICES - CHILDREN'S DIVISION
COMPREHENSIVE BACKGROUND SCREENING INFORMATION FOR:**

Six or Fewer (SOF) Providers, License-Exempt Providers, including but not limited to, School (SCH), Religious in Compliance (RIC) receiving or applying to receive CCDF Funds, and Business (BUS)

Please list required data for individual who meet the definitions below for a child care provider and child care staff member, as defined in 210.1080, RSMo.
Every individual listed must complete a **MOVECHS Waiver Agreement and Statement** (copy included in registration packet) and provider shall submit with this form.

"Child care provider", a person licensed, regulated, or registered to provide child care within the state of Missouri, including the member or members, manager or managers, shareholder or shareholders, director or directors, and officer or officers of any entity licensed, regulated, or registered to provide child care within the state of Missouri;

"Child care staff member", a child care provider; persons employed by the child care provider for compensation, including contract employees or self-employed individuals; individuals or volunteers whose activities involve the care or supervision of children for a child care provider or unsupervised access to children who are cared for or supervised by a child care provider; individuals residing in a family child care home who are seventeen years of age or older before January 1, 2021, or eighteen years of age or older on or after January 1, 2021; or individuals residing in a family child care home who are under seventeen years of age before January 1, 2021, or under eighteen years of age on or after January 1, 2021, and have been certified as an adult for the commission of an offense;

Make copies and attach additional sheets if necessary. The information provided below will be used to obtain results of comprehensive background screenings from the Missouri State Highway Patrol and the Family Care Safety Registry (FCSR). **Return the completed document with your Registered Child Care Agreement to:**

Child Care Provider Relations Unit Mail: P.O. Box 88, Jefferson City, MO 65103 Fax: (573) 526-9586 Email: CD.ASKCCPRU@dss.mo.gov

CHILD CARE PROVIDER/FACILITY NAME: _____ **PHONE #:** _____

DEPARTMENTAL VENDOR NUMBER (DVN): _____

FULL LEGAL NAME (Print)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HAS THIS PERSON LIVED IN ANY OTHER STATE(S) IN THE LAST FIVE (5) YEARS? IF YES, PLEASE LIST OTHER STATE(S).	DATE FINGERPRINTS WERE TAKEN	COMPLETED WAIVER ATTACHED
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
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			<input type="checkbox"/> NO <input type="checkbox"/> YES		
			<input type="checkbox"/> NO <input type="checkbox"/> YES		



**Missouri State Highway Patrol
Criminal Justice Information Services Division**

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*,
And the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize _____
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to Chapter 43 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

☐ **Yes, I have** (OR) ☐ **No, I have not** been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one):

☐ Applicant ☐ Household Member/Other ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Date of Birth: _____ **DVN (REQUIRED):** _____ **SSN (last 4 digits -Optional)** _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____

NOTE: This document must be retained by the agency/qualified entity for audit purposes.



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: _____

Agency Name: _____

Agency ORI: _____ Agency OCA: _____

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) and Universal Enrollment ID (UEID) for future reference.
8. UEID and DOB or method of contact and DOB will be required at the fingerprint vendor location to search for your registration.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
PO BOX 88, JEFFERSON CITY, MO 65103
APPLICATION FOR VENDOR DIRECT DEPOSIT

*Required Fields

SECTION A *Required Fields Must Be Completed To Avoid Return of the Application and/or Delay in Processing the Application		
*1. TYPE OF ACTION (Check Only One) <input type="checkbox"/> New Applicant or Re-Enrollment <input type="checkbox"/> Change Direct Deposit Information <input type="checkbox"/> Cancel Direct Deposit	*2. CONTRACT TYPE OR SERVICE PROVIDED (Check All That Apply) <input type="checkbox"/> Child Care <input type="checkbox"/> Foster Care/Adoption/Legal Guardianship <input type="checkbox"/> Children's Treatment <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Other (Please Describe):	
*3. INDIVIDUAL NAME(S) OR BUSINESS NAME (All names on the contract must be listed here if contract is not under a business name.)	*List Individual Name(s) of Business Owner(s)	
	A.	
	B.	
*4. ADDRESS (number, street name, city, state, and zip code)	*5. VENDOR NUMBER OR DCN	*6. TAX ID/SSN /
	*7. TELEPHONE NUMBER (include area code) - -	
SECTION B *Required Fields Must Be Completed To Avoid Return of the Application and/or Delay in Processing the Application		
Note: A voided check or an official letter from your financial institution stating your name, the bank routing number and your account number must be attached to process the Direct Deposit Application. Starter checks and counter checks will not be accepted in place of a check or letter from your financial institution.		
*1. NAME OF FINANCIAL INSTITUTION	*2. TYPE OF ACCOUNT (Check Only One) <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT	
*3. FINANCIAL INSTITUTION ADDRESS (number, street, city, state, and zip code)	*4. FINANCIAL INSTITUTION TELEPHONE NUMBER (include area code)	
	*5. 9 DIGIT ROUTING NUMBER	*6. ACCOUNT NUMBER
SECTION C *Required Fields Must Be Completed To Avoid Return of the Application and/or Delay in Processing the Application		
<i>I wish to participate in Direct Deposit and in doing so:</i>		
<ul style="list-style-type: none">I (We) hereby authorize the State of Missouri to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals), or adjustments for any credit entries made in error to my (our) account designated above.I (We) understand that it is my (our) responsibility to notify the Children's Division when a change in banking information is made. This notification must be made at least two weeks prior to the scheduled direct deposit. Without this notification, I (we) understand that payments may be delayed.I (We) understand that by endorsing or depositing checks that payment is made from Federal and State funds and any falsification, or concealment of material fact, may be prosecuted under Federal and State laws.I (We) hereby authorize the State of Missouri to initiate payment adjustments made to this account that were intended for another vendor or another account.I (We) understand the State of Missouri may terminate my (our) enrollment in the Direct Deposit program if the State is legally obligated to withhold part or all payments for any reason (for example, garnishment orders).I (We) understand that the Children's Division may terminate my (our) enrollment if I (we) no longer meet eligibility requirements.I (We) understand that this document shall not constitute an amendment or assignment of any nature whatsoever, or any contract, purchase order or obligation that I (we) may have with any agency of the State of Missouri.		
All individuals listed on the contract and/or listed as business owners must sign and date the Application for Direct Deposit to authorize initiating, changing, or canceling this Direct Deposit Application.		
*SIGNATURE INDIVIDUAL A		*DATE
*SIGNATURE INDIVIDUAL B		*DATE
*SIGNATURE INDIVIDUAL C		*DATE
ALL REQUIRED FIELDS MUST BE COMPLETED TO AVOID RETURN OF THE APPLICATION AND/OR DELAY IN PROCESSING THE APPLICATION A VOIDED CHECK OR OFFICIAL LETTER FROM YOUR BANK MUST BE ATTACHED TO THIS FORM FOR PROCESSING		
RETURN COMPLETED FORM AND ATTACHMENT TO: CHILDREN'S DIVISION PO BOX 88 JEFFERSON CITY, MO 65103		

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR DIRECT DEPOSIT**SECTION A - All fields in Section A are required fields.****1. Type of Action (Check Only One) – Check the box for the action you would like to accomplish by completing the Application for Direct Deposit.**

- New Applicant or Re-Enrollment – Check this box if this is a new request for direct deposit or if you previously had a direct deposit, but it has since closed and you would like to re-open the request.
- Change Direct Deposit Information – Check this box to notify us of any change in the direct deposit request, including, but not limited to, change in routing number or account number, change in contract name, etc.
- Cancel Direct Deposit – Check this box to notify us to cancel the direct deposit request. When the request to cancel the direct deposit is processed, you will no longer receive payments via electronic funds, but will begin to receive paper checks if you are entitled to payment.

2. Contract Type or Service Provided (Check All That Apply)

- Child Care – Check this box if you or your business provides child care (license exempt/registered or licensed/contracted) and may receive payments from the State of Missouri.
- Foster Care/Adoption/Legal Guardianship/Respite – Check this box if you hold a foster care, adoption, legal guardianship, or respite contract/agreement with the State of Missouri.
- Children's Treatment – Check this box if you or your business provide Children's Treatment Services to clients of the State of Missouri.
- Residential Treatment – Check this box if you or your business provide Residential Treatment Services to clients of the State of Missouri.
- Other (Describe) – Check this box and describe what service you provide to clients of the State of Missouri, if none of the above applies to you or your business.

3. Individual Name(s) or Business Name – Write the names of each individual listed on the contract or the name of the business listed on the contract.

- If the contract or agreement has more than one name listed, all names must be listed here.
- If a business name is on the contract or is providing service, list each individual name of the business owner(s) in A, B, and/or C.

4. Address – Write the mailing address, including the number, street name, city, state, and zip code.**5. Vendor Number or DCN – Input your 9 digit Vendor Number (DVN) or 8 digit Departmental Client Number (DCN)****6. Tax ID/SSN – Input your FEIN or Social Security Number****7. Telephone Number – Input a telephone number (including the area code) where you can be reached, should there be any questions about the direct deposit application.****SECTION B - All fields in Section B are required fields.**

NOTE: A VOIDED CHECK OR AN OFFICIAL LETTER FROM YOUR FINANCIAL INSTITUTION STATING YOUR NAME, THE BANK ROUTING NUMBER AND YOUR ACCOUNT NUMBER MUST BE ATTACHED TO PROCESS THE DIRECT DEPOSIT APPLICATION. STARTER CHECKS AND COUNTER CHECKS WILL NOT BE ACCEPTED IN PLACE OF A CHECK OR LETTER FROM YOUR FINANCIAL INSTITUTION.

1. Name – Input the name of your financial institution.**2. Type of Account (Check Only One)**

- Checking Account – Check this box if payment is to be direct deposited into a checking account.
- Savings Account – Check this box if payment is to be direct deposited into a savings account.

3. Financial Institution Address – Input the address of your financial institution, including number, street name, city, state, and zip code.**4. Financial Institution Telephone Number – Input the telephone number (including the area code) of your financial institution.****5. 9 Digit Routing Number – Input the 9 digit routing number for your financial institution.**

- If you are submitting a voided check, the 9 digit routing number can be found at the bottom of your check. The 9 digit routing number is the first set of 9 numbers found at the bottom of the check, towards the left side.

6. Account Number – Input your account number.

- If you are submitting a voided check, the account number can be found at the bottom of your check after the 9 digit routing number or after the check number.

SECTION C - All individuals listed on the contract and/or listed as business owners must sign and date the Application for Direct Deposit to authorize initiating, changing, or canceling this Direct Deposit Application.

Signature Individual A – Individual A must sign and date on this line.
Signature Individual B – Individual B must sign and date on this line.
Signature Individual C – Individual C must sign and date on this line.

In order to allow the Children's Division and the State of Missouri, Division of Finance and Administrative Services to deposit payments into an account, you must complete all of the required fields on the Direct Deposit Application and attach a voided check or an official letter from your financial institution stating your name, the bank routing number and your account number. Starter checks and counter checks will not be accepted in place of a check or letter from your financial institution. With the exception of your signature(s), type or print the required information.

WHAT YOU CAN EXPECT

- The Direct Deposit Application will be processed when a complete form is received, including all required fields and an attached voided check or letter from your financial institution.
- Failure to complete all required fields on the form and attach a voided check or letter from your financial institution will cause the application to be returned to you for correction and will delay processing of the application.
- You should begin receiving payments by direct deposit approximately 10-14 days after the Direct Deposit Application has been processed.
- If you are entitled to any payments during the time it takes to process the Direct Deposit Application, the payments will be issued as paper checks.

CHANGING FINANCIAL INSTITUTIONS OR ACCOUNTS

Payments will continue to be deposited in the designated account at your financial institution until you notify the Children's Division you wish to change the financial institution and/or account where the payments are deposited. To make any changes to the financial institution and/or account where payments are deposited, you must complete a new Direct Deposit Application. All parties listed on the contract and/or listed as business owners, must review and sign, to authorize changes (including cancellations), to the Direct Deposit Application. Failure to notify the Children's Division of a change in account information will result in a delay in receiving your payments.

**ALL REQUIRED FIELDS MUST BE COMPLETED TO AVOID RETURN OF THE APPLICATION AND/OR DELAY IN PROCESSING THE APPLICATION
A VOIDED CHECK OR OFFICIAL LETTER FROM YOUR BANK MUST BE ATTACHED TO THIS FORM FOR PROCESSING**

**RETURN COMPLETED FORM AND ATTACHMENT TO:
CHILDREN'S DIVISION
PO BOX 88
JEFFERSON CITY, MO 65103**

Training Requirements for Summer Program Child Care Providers

The Child Care Development Fund (CCDF) is provided by the federal government and requires all child care providers to complete training on specific health and safety topics in order to receive child care subsidy payments. The purpose of this requirement is to ensure children are receiving safer and more family-friendly care.

In order to track completion of training, the applicant and staff/volunteers responsible for the supervision of children must register with Opportunities in a Professional Education Network (OPEN) for a Missouri Professional Development (MOPD) ID, create a Toolbox account, and enroll in the MOPD Registry. Additionally, one person (usually the owner or Director of the facility) must create a Toolbox account, request Program Level Access and associate each staff member to the facility DVN for tracking purposes. **Training cannot be verified by DSS until staff has been associated to the facility DVN in OPEN.**

NOTE: As staff is hired or leaves, the owner or director should add/remove the staff's MOPD ID to/from the facility DVN in OPEN.

Refer to the OPEN Initiative website at <https://www.openinitiative.org/> for more information about getting an MOPD ID, creating a Toolbox Account, information about enrollment in the MOPD Registry and how to request Program Level Access.

Initial Training Requirements

1. **Child Care Subsidy Orientation Training** **you only have to complete this training once and only one person from the facility is required to complete (director/owner)*

Approved options for completing this training include:

Option 1: Take the training online for FREE at <https://apps.dss.mo.gov/childcareorientation>

Option 2: Educare offers this training in-person for FREE. You can find contact information for the Educare provider that covers your county at <https://dss.mo.gov/cd/child-care/child-care-providers/educare.htm>. After completion of this training, Educare will enter attendance and training credit will upload to OPEN.

2. **CCDF Health and Safety Training** **you only have to complete this training one time*

Approved options for completing this training include:

Option 1: Take the training online for FREE at <https://apps.dss.mo.gov/CDTraining/>.

Option 2: Educare offers this training in-person for FREE. You can find contact information for the Educare provider that covers your county at <https://dss.mo.gov/cd/child-care/child-care-providers/educare.htm>. Contact your local Educare provider for assistance registering for training. Educare will enter attendance and training will upload to OPEN.

3. Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) **must be kept current – expires every two (2) years*

First Aid/CPR training is only accepted from the following national models:

American Academy of Pediatrics PedFACTs	American Red Cross
American Heart Association	American Safety and Health Institute
EMS Safety	National Safety Council
Emergency Care and Safety Institute	ProTrainings
American Trauma Event Management (ATEM)	

Approved options for completing this training include:

Option 1: The Missouri Workshop Calendar (<http://www.moworkshopcalendar.org/>) lists companies and organizations throughout Missouri that offer First Aid and CPR training. Costs vary by training provider; training costs are not reimbursed. Click on the blue 'First Aid/CPR Training' tab on the Workshop Calendar to locate a trainer in your area. You will need to contact the trainer directly to schedule your training. After completion of this training, the trainer will enter attendance so that it will upload to OPEN.

Option 2: You can take CPR/First Aid training outside of the Workshop Calendar if the trainer offers certificates from one of the national models listed above. Costs vary by training provider; training costs are not reimbursed. For training completed outside of the Missouri Workshop Calendar, submit your First Aid/CPR certificate of completion to OPEN Initiative (email/scan your certification to openinitiative@missouri.edu). **You must include your MOPD ID number and DVN in your email. In your email, you also will need to inform OPEN that you do not need clock hour credit.**

Option 3: Your local health department may offer **FREE** Pediatric First Aid/CPR certification. Contact your local health department to find out more.

Annual Training Requirement (For Renewing Providers Only)

All renewing providers/staff members shall complete two (2) clock hours of training, available through the Missouri Workshop Calendar (<http://www.moworkshopcalendar.org/>) before the registration can be renewed.



Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
Tuberculosis (TB) Risk Assessment Form

Patient's Name: _____ Date of Birth: _____ Date: _____

Address: _____ Phone Number: _____

A. Please answer the following questions (Sections A & B to be completed by Patient):

Have you ever had a positive Mantoux tuberculin skin test (TST)? ☐ Yes ☐ No

Have you ever been vaccinated with BCG? ☐ Yes ☐ No

Have you ever had a positive Interferon Gamma Release Assay (IGRA) test? ☐ Yes ☐ No

Have you ever been diagnosed with or treated for TB Disease? ☐ Yes ☐ No

B. TB Risk Assessment

Have you ever had close contact with anyone who was sick with tuberculosis? ☐ Yes ☐ No

Have you ever traveled to one or more of the countries listed below? **If yes, please CHECK the countries.** ☐ Yes ☐ No

Were you born in one of the countries listed below? **If yes, please list the country:** _____ ☐ Yes ☐ No

What year did you arrive in the United States? _____

Afghanistan	Cape Verde	Gabon	Kuwait	Myanmar	St. Vincent & The Grenadines	Tokelau
Algeria	Central African Rep.	Gambia	Kyrgyzstan	Namibia	Sao Tome & Principe	Tonga
Angola	Chad	Georgia	Lao PDR	Nauru	Saudi Arabia	Trinidad & Tobago
Anguilla	Chile	Ghana	Latvia	Nepal	Senegal	Tunisia
Argentina	China	Greenland	Lesotho	Nicaragua	Serbia	Turkey
Armenia	Colombia	Guatemala	Liberia	Niger	Seychelles Sierra Leone	Turkmenistan
Azerbaijan	Comoros	Guinea	Libyan Arab Jamihirya	Nigeria	Singapore	Turks & Caicos Islands
Bahrain	Congo	Guinea-Bissau	Lithuania	Niue	Solomon Islands	Tuvalu
Bangladesh	Congo DR	Guam	Macedonia-TFYR	Northern Mariana Islands	Somalia	Uganda
Belarus	Cote d'Ivoire	Guyana	Madagascar	Pakistan	South Africa	Ukraine
Belize	Croatia	Haiti	Malawi	Palau	Sri Lanka	Uruguay
Benin	Djibouti	Honduras	Malaysia	Panama	Sudan	Uzbekistan
Bhutan	Dominica	Hungary	Maldives	Papua New Guinea	Sudan - South	Vanuatu
Bolivia	Dominican Republic	India	Mali	Paraguay	Suriname	Venezuela
Bosnia & Herzegovina	Ecuador	Indonesia	Marshall Islands	Peru	Syrian Arab Republic	Viet Nam
Botswana	Egypt	Iran	Mauritania	Philippines	Swaziland	Wallis & Futuna
Brazil	El Salvador	Iraq	Mauritius	Poland	Tajikistan	Islands
Brunei Darussalam	Equatorial Guinea	Japan	Mexico	Portugal	Tanzania-UR	Yemen
Bulgaria	Eritrea	Kazakhstan	Micronesia	Qatar	Thailand	Zambia
Burkina Faso	Estonia	Kenya	Moldova-Rep.	Romania	Timor-Leste	Zimbabwe
Burundi	Ethiopia	Kiribati	Mongolia	Russian Federation	Togo	
Cambodia	Fiji	Korea-DPR	Morocco	Rwanda		
Cameroon	French Polynesia	Korea-Republic	Mozambique			

Source: World Health Organization Global Tuberculosis Control, WHO Report 2013, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/topics/tuberculosis/en/>.

Have you ever had an abnormal chest x-ray suggestive of TB? ☐ Yes ☐ No ☐ No Response

Are you HIV positive? ☐ Yes ☐ No ☐ No Response

Are you an organ transplant recipient or donor? ☐ Yes ☐ No ☐ No Response

Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for ≥ 1 month, or currently taking prescription arthritis medication)? ☐ Yes ☐ No ☐ No Response

Are you a resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)? ☐ Yes ☐ No ☐ No Response

Do you have any medical conditions such as diabetes, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal)? ☐ Yes ☐ No ☐ No Response

Do you have a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats? ☐ Yes ☐ No ☐ No Response

Are you coughing up blood or phlegm? ☐ Yes ☐ No ☐ No Response

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

Patient Signature (Required)

Date:



Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
Tuberculosis (TB) Risk Assessment Form

C. Medical Evaluation (Section C to be completed by Health Care Provider – if needed)

Health Care Provider: If the answer to any of the TB Risk Assessment questions in Section B is YES or NO RESPONSE, proceed with additional medical evaluation as appropriate. Additional evaluation may include one or more of the following: TST, IGRA, sign and symptom review, chest x-ray, or sputum collection. If the patient is immunosuppressed and no previous TB test is documented, an IGRA is recommended.

1. **Tuberculin Skin Test (TST)** - Please provide a 2-step TST for those at high risk that have no documentation of a previous TST: Administer 1st step TST today and read in 48-72 hrs, if the 1st step TST is positive, document the results in millimeters (mm) of induration and follow the evaluation steps for a positive TST. If the 1st step TST is negative document the results in mm of induration. Results of mm of induration, transverse diameter; if no induration write "0" mm. The TST interpretation* should be based on mm of induration as well as risk factors. Place a 2-step TST in one to three weeks after the first TST was read and recorded. The 2-step should be read in 48-72 hrs and then follow the documentation procedures as outlined above .

Date Given: _____
Result: _____ mm of Induration
Date Given: _____
Result: _____ mm of Induration

Date Read: _____
*Interpretation: Positive____ Negative____
Date Read: _____
*Interpretation: Positive____ Negative____

***TST Interpretation Guidelines (Please check all that apply).**

- >5 mm is Positive:** ☐ Recent close contacts of an individual with infectious TB
☐ Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
☐ Organ transplant recipients
☐ Immunosuppressed persons: taking ≥ 15 mg/d of prednisone for ≥ 1 month; taking a TNF- α antagonist
☐ Persons with HIV/AIDS

- > 10 mm is Positive:** ☐ Persons born in a high prevalence country or who resided in one for a significant amount of time
☐ History of illicit drug use
☐ Mycobacteriology laboratory personnel
☐ History of resident, worker or volunteer in high-risk congregate settings
☐ Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight ($>10\%$ below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes
☐ Children < 4 years of age
☐ Children and adolescents exposed to adults in high-risk categories

>15 mm is Positive: ☐ Persons with no known risk factors for TB disease

2. **Interferon Gamma Release Assay (Please check the IGRA that is used)**

QFT-G ☐ QFT-GIT ☐ Date Obtained: _____

Result: ☐ Responsive (TB Infection Likely) ☐ Nonresponsive (TB Infection Unlikely) ☐ Indeterminate

T-Spot ☐ Date Obtained: _____

Result: ☐ Negative ☐ Positive ☐ Borderline/Equivocal

Other: _____ Date Obtained: _____ Result: _____

3. **Chest X-ray: (Required if TST or IGRA is positive)**

Date of Chest X-ray: _____ Result: ☐ Normal ☐ Abnormal

Abnormal Chest X-ray Interpretation: _____

4. **Sputum Collection: If the patient has a positive TST or IGRA and a productive cough > 3 weeks, with or without hemoptysis, please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters of specimen per tube.**

1. Date Obtained _____ Smear Result: _____ Culture Result: _____ 2. Date Obtained: _____ Smear Result: _____ Culture Result: _____

3. Date Obtained: _____ Smear Result: _____ Culture Result: _____

An isolate on any positive mycobacterium cultures should be sent to the Missouri State Public Health Laboratory.

I have reviewed the above information with the patient and deemed: ☐ No Further Evaluation Needed ☐ Further Evaluation is Needed

Health Care Provider Signature (Required)

Date:

All positive TST, IGRA, chest x-ray, smear and culture results suggestive of tuberculosis disease or latent tuberculosis infection should be reported to the Missouri Department of Health and Senior Services (fax number: 573-526-0235) or your local public health agency using this form. If you have any questions, please contact the Bureau of Communicable Disease Control and Prevention at 573-751-6113.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION - EARLY CHILDHOOD SECTION
CHILD CARE ENROLLMENT INFORMATION

CHILD'S INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

ADDRESS (STREET, CITY, STATE, ZIP CODE)

LIST OF KNOWN ALLERGIES (e.g., foods, medications, insects or other materials):

FOR INFANTS ONLY – LIST FEEDING TIMES, AND AMOUNT OF BREAST MILK OR FORMULA PER FEEDING:

IMMUNIZATIONS

AGE GROUP		DTaP	POLIO	HIB	HEP B	PCV	MMR	VARICELLA
<input type="checkbox"/> Birth-1 month	<input type="checkbox"/> 12-15 months							
<input type="checkbox"/> 2-3 months	<input type="checkbox"/> 15-18 months							
<input type="checkbox"/> 4-5 months	<input type="checkbox"/> 19 months -							
<input type="checkbox"/> 6-11 months	kindergarten							

PARENT/GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN NAME

HOME TELEPHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK BOX IF SAME AS ABOVE ☐

CELL PHONE NUMBER

E-MAIL ADDRESS

WORK TELEPHONE NUMBER

PARENT/LEGAL GUARDIAN NAME

HOME TELEPHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK BOX IF SAME AS ABOVE ☐

CELL PHONE NUMBER

E-MAIL ADDRESS

WORK TELEPHONE NUMBER

PERSONS AUTHORIZED TO PICK-UP AND DROP-OFF

LIST OF PERSONS AUTHORIZED BY THE LEGAL GUARDIAN TO PICK-UP AND DROP-OFF THE CHILD:

PARENT/LEGAL GUARDIAN SIGNATURE

DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
-------------------	----------------------------	-------

DOSAGE	TIME(S) OF DAY
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POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
------------------------------------	------

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME



DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION – EARLY CHILDHOOD SECTION
CHILD CARE PROVIDER RELATIONS UNIT
PO BOX 88
JEFFERSON CITY, MO 65103-0088

CHILD CARE PROVIDER HEALTH AND SAFETY REQUIREMENTS

To receive payments from the Department of Social Services (DSS) and the Child Care and Development Fund (CCDF), you are required to comply with the health and safety requirements outlined in this notice. **Please review and keep for your records.**

COMPREHENSIVE BACKGROUND SCREENING

Missouri law, RSMo 210.906, requires all child care providers to register with the Family Care Safety Registry. Child care providers who do not register are considered guilty of a Class B misdemeanor offense. Missouri law, RSMo 210.1080, requires all DSS subsidized child care providers providing care in their home and their household members, age 17 years old and older, to submit fingerprints for a criminal record search of the Missouri State Highway Patrol and Federal Bureau of Investigations AND register with the Family Care Safety Registry. The screening criteria are defined in RSMo 210.1080 and further defined in CSR 35-32.070. If the background screenings find a Child Abuse and Neglect history, revocation of a foster care license or child care license, or any specified criminal convictions in the criminal background check, your registration will not be approved.

HEALTH AND SAFETY REQUIREMENTS

Missouri law RSMo 210.027 requires Missouri to establish minimum requirements for building and physical premises to include compliance with state and local fire, health, and building codes, which shall include the ability to evacuate children in the case of an emergency and emergency preparedness and response planning. Where there are no local ordinances or regulations regarding smoke detectors, the department shall require providers, by rule, to install and maintain an adequate number of smoke detectors in the residence or other building where child care is provided. The minimum health and safety requirements that have been established include:

1. The child care provider applicant's home shall meet local ordinances, codes, and regulations, particularly with regard to fire safety and smoke or carbon monoxide detectors. **NOTE: Local ordinances, codes, and regulations in your area may have stricter standards about how many children you can provide care to at one time, licenses required, and so on.**

If there are no local ordinances or regulations regarding smoke and carbon monoxide detectors that apply to the child care provider applicant's home, the child care provider applicant shall:

- a. Install and maintain operable smoke and carbon monoxide detectors in accordance with the manufacturer's instructions;
- b. Install and maintain all detectors on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care services in the home unless the manufacturer's instructions provide otherwise.
- c. Ensure that when activated, the detectors shall provide an alarm in the structure or room.
2. The child care provider applicants home shall have a physical space that:
 - a. Is clean and free of insects and vermin;
 - b. Has working heating and cooling systems;
 - c. Has potable, running water, at least one (1) flushable toilet and one (1) sink for hand washing accessible to children;
 - d. Has hygiene items such as toilet paper, soap, hand drying towels (paper or cloth) accessible to children;
 - e. Has a clean food preparation area that is equipped to prepare snacks and meals;
 - f. Has inside space for play and napping;
 - g. Ensures hazardous materials are be inaccessible to children;
 - h. Makes smoking in the home prohibited while children are present;
 - i. Ensures weapons and ammunition stored in locked cabinets inaccessible to children; and
 - j. Has smoke detectors and fire extinguisher present.
3. The Outdoor play area must:

- a. Have an area that is safe, maintained, and without hazards;
- b. Must have a continuously fenced to ensure that the children cannot leave and others cannot enter the premises without supervision; or, if not fenced, child care provider must have a Division approved, supervision plan for when children are in outdoor play area;
- c. Ensure pools and open water areas are not accessible to children without adult supervision;
- d. Ensure play equipment is well-constructed and free from hazards.
4. There must be an emergency preparedness and response plan completed and posted and the child care provider must ensure there are emergency phone numbers readily available.
5. If there are animals in the child care provider applicants home, the child care provider must:
 - a. Ensure animals are non-threatening to children;
 - b. Ensure none of the animals have a history of attacking or injuring human beings or other animals;
 - c. Ensure the animals are disease free and have all required vaccinations according to state and local law;
 - d. Ensure indoor and outdoor areas used by children are free of animal excrement; and
 - e. Ensure litter boxes are not located in food preparation or serving area and inaccessible to children.
6. The child care provider applicant's home must be free of illegal substances and criminal activity.

TUBERCULOSIS RISK ASSESSMENT

Missouri law, RSMo 210.027, requires all child care providers and applicable child care staff member(s) to have on file a Tuberculosis Risk Assessment form completed, signed, and dated by a medical professional no more than twelve (12) months prior to initial registration. If a child care provider has active, contagious tuberculosis the child care provider must submit documentation showing that a medical professional has certified that the child care provider is non-infectious before the child care provider may become registered.

PHYSICAL AND MENTAL HEALTH ASSESSMENT – Required every 2 years

Child care providers are required to submit a Physical and Mental Health Assessment form completed, signed and dated by a medical professional no more than two (2) years prior to submission.

REQUIRED TRAINING

All child care providers must successfully complete training requirements before they can be considered for a Certificate of Registration. The required training helps ensure the health and safety of your home and the children in your care.

The following **initial trainings** must be completed:

1. Child Care Subsidy Orientation Training (*Only required to take one time*)
2. Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) from a DSS approved national model (*Must be current and maintained current*)
3. CCDF Health & Safety Training (*Only required to take one time*)

Annual Training:

Following the first year of training, the provider shall complete six (6) hours of training available through the MO Workshop Calendar annually thereafter.

How Training is Tracked:

The child care provider applicant must register with Opportunities in a Professional Education Network (OPEN) and register for a Missouri Professional Development Identifier (MOPD ID), create a Toolbox Account, enroll in the MOPD Registry, and request Program Level Access to track successful completion of all required trainings.

RECORDKEEPING

Child care providers must maintain an accurate record of all children who receive care from the provider. At a minimum, the record shall contain the following information for each child served under the contract with the department:

- The child's full name and date of birth
- The name, address, email address, phone number and other necessary contact information of each person legally responsible for each child
- Allergies to food, medications, insects or other materials
- Daily medications, including dosage, time of administering, and route for administering
- Listing of persons authorized to pick-up and drop-off child as approved by person legally responsible for the

child

- For infants, feeding times and amount of breast milk or formula per feeding

The Child Care Enrollment Information (CD-257) form included in this packet can be used to record the required information.

Child care providers must also maintain a time and attendance record of all children who receive care from the provider. At a minimum, the time and attendance record shall contain the following information for each child served under a subsidized child care contract with the department:

- The actual dates and times that a child received subsidized child care services showing for each day of service the date that the child arrived and the time that the child was picked up.
- The name of the person who dropped off the child and the name of the person who picked up the child.
- The person picking up or dropping off the child shall record the required information at the time the transaction took place.

ON-SITE MONITORING

Missouri law, RSMo 210.027, requires DSS to establish procedures for conducting unscheduled, on-site monitoring of child care providers prior to receiving state or federal funds for providing child care services. Child care provider applicants must cooperate and allow for an unannounced, on-site inspection by the division or designee before a Certificate of Registration can be considered for approval. The purpose of the on-site inspection is to ensure that the child care provider applicant's home is in compliance with the health, safety, fire, and other requirements outlined above.

The Missouri Registered Child Care Monitoring Unit will conduct monitoring visits in order to confirm child care provider's compliance with the following:

- Health and Safety Requirements outlined in this notice
- Completion of required training as detailed above
- Tuberculosis Risk Assessment
- Physical & Mental Health Assessment (for SOF child care providers only)
- Record keeping requirements; and
- Any other registration and contractual requirements required by the DSS.

CHILD CARE PROVIDER RESOURCE LIST

Child Care Provider Relations Unit

PO Box 88
Jefferson City, MO 65103-0088
Phone: (573) 526-3011
Fax: (573) 526-9586
Email: CD.AskCCPRU@dss.mo.gov

Missouri Registered Child Care Monitoring Unit

PO Box 105215
Jefferson City, MO 65110
Phone: 1-888-690-1027
Email: MOChildCareMonitoring@pcgus.com

Jefferson City Child Care Payment Unit

PO Box 88
Jefferson City, MO 65103
Phone: (573) 522-1385
Fax: (573) 526-2926
Email: CD.AskCCOIS@dss.mo.gov

St. Louis Child Care Payment Unit

*Serves St. Louis County and St. Louis City
9900 Page Ave.
St. Louis, MO 63132
Phone: (314) 264-7632
Fax: (314) 264-7699
Email: CD.AskSTLCCPRU@dss.mo.gov

Child Care Online Invoice System (CCOIS)

<https://apps.dss.mo.gov/CCONLINE/wbFMB9LogonCCInv.asp>

Child Care Business Information Solution (CCBIS)

Phone: 833-866-1709 Option 9
Email: SupportMO@Controltec.com

Direct Deposit Application (CD-122)

<http://dss.mo.gov/cd/info/forms/>

To receive payment by direct deposit, complete an Application for Vendor Direct Deposit (CD-122) and return to the Child Care Provider Relations Unit.

Child Care Rate Structure by County

<https://apps.dss.mo.gov/childcarerates/>

OPEN Initiative

Phone: 573-884-3373
Email: openinitiative@missouri.edu
Website: <https://www.openinitiative.org/>

Missouri Workshop Calendar (Administered by Child Care Aware® of Missouri)

<http://www.moworkshopcalendar.org/>

Child Care Subsidy Orientation Training

<https://apps.dss.mo.gov/childcareorientation/>

Department of Health and Senior Services

Section for Child Care Regulation (for licensing information)

<http://health.mo.gov/safety/childcare/index.php>

Educare

Find contact information for your local Educare office at <https://dss.mo.gov/cd/child-care/child-care-providers/educare.htm>

Child Abuse and Neglect Hotline

1-800-392-3738

Website: <http://dss.mo.gov/cd/can.htm>

Child and Adult Care Food Program

Department of Health and Senior Services

Phone: 1-800-733-6251

Website: www.dhss.mo.gov/cacfp

Child Care Aware® of Missouri

1000 Executive Parkway Dr. Suite 103

St. Louis, MO 63141

Phone: 800-200-9017

Fax: 314-754-0330

Website: www.mo.childcareaware.org

Safe Sleep Practices for Child Care Providers

<http://www.healthychildcare.org/PDF/SIDSchildcare safesleep.pdf>

Ready in Three (Disaster Preparedness Information)

Department of Health and Senior Services

<http://health.mo.gov/emergencies/readyin3/childcare.php>