



**MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN’S DIVISION – CHILD CARE PROVIDER RELATIONS UNIT
CHILD CARE PROVIDER RELATIONS UNIT**

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. 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 required to complete training because they are not responsible for direct supervision of children. Make copies and attach additional sheets if necessary.

Return the completed information to Children’s Division, Child Care Provider Relations Unit.

CHILD CARE PROVIDER/FACILITY NAME: _____

DEPARTMENTAL VENDOR NUMBER (DVN): _____

FULL NAME OF ALL STAFF/VOLUNTEERS (Print)	TB Risk Assessment on File (circle YES or NO)		Required Training Completed (circle 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
	YES	NO	YES	NO	N/A
	YES	NO	YES	NO	N/A
	YES	NO	YES	NO	N/A

Mail or fax the completed form to:
Children’s Division – Child Care Provider Relations Unit
PO Box 88
Jefferson City, MO 65103-0088
Fax: (573)526-9586