



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION/RESIDENTIAL PROGRAM UNIT

PERSONNEL REPORT FOR RESIDENTIAL TREATMENT AND CHILD PLACING AGENCIES *

NAME OF AGENCY		ADDRESS			DATE COMPLETED	LICENSURE PERIOD	
NAME	TITLE	DATE OF HIRE	HIGHEST LEVEL OF EDUCATION **	DATE OF LAST FCSR CHECK	DATE OF DSS ELIGIBILITY LETTER***	NUMBER OF HOURS STAFF TRAINING ****	

* PERSONNEL INCLUDES ALL STAFF, INTERNS, VOLUNTEERS, AND CONTRACTORS
 ** HIGHEST LEVEL OF EDUCATION: HIGH SCHOOL OR EQUIVALENT, BS, BA, MS, MA, ETC.
 *** DATE OF EARLIEST ELIGIBILITY LETTER RECEIVED TO INCLUDE PRELIMINARY, PROVISIONAL, OR FINAL ELIGIBILITY LETTERS.
 **** NUMBER OF HOURS STAFF TRAINING IN LAST CALENDAR YEAR