



Missouri Department of Health and Senior Services
 Section for Child Care Regulation
STAFF SHEET

AGREEMENT

I hereby certify that:

- The list below includes all staff and volunteers at this facility.
- The information below is true and accurate.
- All caregivers have read, understand and can apply all child care licensing rules before having sole responsibility for any child.
- Background checks have been requested for all caregivers, other personnel and volunteers.
- Caregivers transporting children have the appropriate driver's license for transporting.

DVN

Legal Name of Facility

Facility Address (Street, City, State, Zip Code)

DIRECTOR/PROVIDER WORK SCHEDULE: Enter the start and end time for each applicable work day of the week.

SUN	MON	TUE	WED	THUR	FRI	SAT
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:
End Time:	End Time:	End Time:	End Time:	End Time:	End Time:	End Time:

Signature Of Owner, Designee Or Director	Date	E-Mail Address
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STAFF

Name Child Care Staff	Birthdate	MOPD ID	Position	Date Employed	Date Of Background Screening	Current Age-Appropriate First Aid Training	Current Age-Appropriate CPR Training	Safe Sleep Training	Date Of Medical Exam	Date Of TB Risk Assessment	Transports Children?
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