DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
Quality Assurance Division – Licensure Bureau - Child Care Licensing

STATE OF MONTANA

DAY CARE FACILITY - STAFF LIST

Director Name _____ PV# _____
Facility Name _____
Mailing Address _____
City State ZIP _____

Please Note: All caregivers and individuals living in home over 18 years of age must be listed. If someone is not listed below, they will be taken off of the approved caregiver list.

Full Name	Date of Birth	SS#	CPR Exp	Position
Employee Mailing Address	**City /ZIP code**	**PS#**	**First Aid Exp**	**Approval Date**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				