

Cover Sheet: Child Care Out-of-State Background Checks

This form along with the *original* out of state forms outlining the states each provider has resided in **within the past 5 years** must be completed by each childcare program and **mailed** for screening to:

Office of Licensing & Accreditation
 Attn: Kyli Klinger
 700 Governors Dr.
 Pierre SD 57501

All information below is required to be completed. Incomplete information will result in forms being returned. All results will be emailed to the address provided below.

Today's Date: _____
 Child Care Facility Name: _____
 Program Contact Person: _____
 Contact Person's Phone Number: _____

Mailing Address for the Child Care Facility: Include street address, City, State and Zip Code

Facility Email Address: _____
 Child Care Licensing Specialist: _____
 Program Licensing Number: _____

First Name	Last Name	MI	State Outside of SD to be Screened	Years lived in the state <i>(i.e. 2021-2023)</i>

