



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – REGULATION

EMPLOYER CRIMINAL BACKGROUND CHECK NOTIFICATION

INSTRUCTIONS

After your employee or prospective employee has been fingerprinted and has had a Family Care Safety Registry screening ran within 15 days of each other, please fill out this form in its entirety and submit to the email address or fax number below.

EMAIL the completed form to: Office of Childhood – Regulation at OCBackgroundChecks@dese.mo.gov.

FAX the completed form to: Office of Childhood – Regulation at 573-526-5345

QUESTIONS: Contact the Office of Childhood – Regulation at 573-751-2450 or OCBackgroundChecks@dese.mo.gov.

FACILITY NAME	DVN
CONTACT PERSON	PHONE NUMBER
EMAIL ADDRESS	
FACILITY TYPE <input type="checkbox"/> LICENSED FAMILY CHILD CARE HOME <input type="checkbox"/> LICENSED GROUP CHILD CARE HOME <input type="checkbox"/> LICENSED CHILD CARE CENTER <input type="checkbox"/> REGISTERED SIX OR FEWER <input type="checkbox"/> REGISTERED LICENSE EXEMPT <input type="checkbox"/> REGISTERED EXEMPT	STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> PENDING

ADDITIONAL INFORMATION

- The top section of this form is specific to the child care provider's information. Fill in your facility name, DVN, contact person, email address, phone number, and your facility type and status.
- The section for the employee's information should be filled out with the employee's knowledge and input.
- The background screening unit will review the information and notify the provider and the employee of the results determining if they are eligible or ineligible to work in a child care setting.
- The employee needs to keep a copy of their letter for any future child care employers.

Please type or print clearly. If you email the form, please send in a PDF format.

EMPLOYEE(S)/APPLICANT(S) TO BE FINGERPRINTED

LAST NAME (CURRENT/LEGAL)	FIRST NAME (CURRENT/LEGAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HAS THIS INDIVIDUAL LIVED IN ANY OTHER STATE(S) BESIDES MISSOURI WITHIN THE PAST 5 YEARS? (YES/NO) IF YES, PLEASE LIST OTHER STATE(S). IF YES, FURTHER INSTRUCTIONS MAY FOLLOW.	EMPLOYEE'S PERSONAL EMAIL ADDRESS

This information provided is completed and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I request that a copy of the eligible or ineligible letter for the above individuals be sent to me. I understand that prospective child care staff members cannot be present without a qualifying result on the comprehensive criminal background check within the past five years.

SIGNATURE OF OWNER(S)/BOARD CHAIRPERSON/DESIGNEE (CIRCLE APPROPRIATE TITLE)	DATE
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