



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

COMPREHENSIVE BACKGROUND CHECK NOTIFICATION

INSTRUCTIONS

After a prospective or current child care staff member is fingerprinted, and has had a Family Care Safety Registry screening ran within 15 days of fingerprinting, please fill out this form in its entirety and submit to the email address or fax number below.

- The top section of this form is specific to the child care provider’s information. Fill in your facility/provider name, DVN, contact person, email address, phone number, and your facility type and status.
- In the next section, you will list the required data for individual(s) who meet the definition for a child care staff member, as defined in [Section 210.1080, RSMo](#). This section should be filled out with their knowledge and input.
- The background screening unit will review the information and notify the provider and the child care staff member of the results determining if they are eligible or ineligible to work or be present in a child care setting.
- The child care staff member 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.**

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

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for information on military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

REQUESTING ELIGIBILITY DETERMINATIONS ON THE FOLLOWING CHILD CARE STAFF MEMBER(S):

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.	CHILD CARE STAFF MEMBER'S PERSONAL EMAIL ADDRESS

The 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 eligibility determination 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	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.