



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD — QUALITY PROGRAMS

**STATE COMPLAINT INTAKE FORM**

**INSTRUCTIONS**

State employees within the Office of Childhood will complete the following form to initiate an investigation with Public Consulting Group (PCG).

State employees: Email form to [mochildcaremonitoring@pcgus.com](mailto:mochildcaremonitoring@pcgus.com).

QUESTIONS: Contact the PCG contract manager, Lisa Matos, at [Lisa.Matos@dese.mo.gov](mailto:Lisa.Matos@dese.mo.gov).

**REPORTER INFORMATION**

DATE OF REPORT	REPORTED BY
OFFICE	CONTACT NUMBER

**PROVIDER INFORMATION**

CHILD CARE PROVIDER/FACILITY NAME		DEPARTMENTAL VENDOR NUMBER (DVN)	
CHILD CARE PROVIDER/FACILITY ADDRESS (Physical location where care is provided)			
CITY	STATE	ZIP CODE	COUNTY
PROVIDER/FACILITY PHONE		PROVIDER/FACILITY EMAIL	
REGISTRATION TYPE <input type="checkbox"/> SOF <input type="checkbox"/> RIC <input type="checkbox"/> SCH <input type="checkbox"/> BUS <input type="checkbox"/> SUM <input type="checkbox"/> MIL <input type="checkbox"/> OTHER (explain)		"OTHER" EXPLANATION	
CERTIFICATION PERIOD (Start Date – End Date)		HOURS OF OPERATIONS	

**REPORTED CONCERNS**

REPORTER SOURCE <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> WRITTEN <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER (explain)	"OTHER" EXPLANATION
CONCERN	
WHAT TO INVESTIGATE	

**VALIDATION**

SIGNATURE OF REPORTER	DATE
PCG CONTRACT MANAGER SIGNATURE	DATE
DATE SENT TO PCG	

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