

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

COMPREHENSIVE BACKGROUND CHECK NOTIFICATION

INSTRUCTIONS

CONTACT PERSON

EACILITY TYPE

To request an eligibility determination for current or prospective child care staff member(s) in accordance with Section 210.1080, RSMo, the child care provider must complete this form in its entirety and submit to the background screening unit at the email address below. Once the background screening unit processes the information, the unit will inform you by email of the fingerprint instructions if the individual(s) needs to complete the fingerprint process. When the results of both the fingerprints and Family Care Safety Registry (FCSR) Screening are available for review by the background screening unit, they will notify the provider and the child care staff member of the results determining if the individual is eligible or ineligible to work or be present in a child care setting.

When completing this form:

• The top section is specific to the child care provider's information. Fill in your facility/provider name, Departmental Vendor Number (DVN), contact person, email address, phone number, and your facility type and status.

DVN

PHONE NUMBER

- In the next section, you will list the required data for individuals who meet the definition of a child care staff member, which also includes household members age 18 or older (applies only to licensed family child care homes and registered six or fewer homes). Complete this section with their knowledge and input.
- Type or print clearly and email the form in a PDF format.

 ${\bf EMAIL}\ the\ completed\ form\ to:\ Office\ of\ Childhood\ -\ Regulation\ at\ \underline{{\bf OCBackgroundChecks@dese.mo.gov}}.$

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

EMAIL ADDRESS

FACILITY ITPE						31A103	
☐ LICENSED FAMILY CHILD CARE HOME		☐ LICENSE EXEMPT NURSERY SCHOOL		☐ REGISTERED LICENSE EXEMPT		□ ACTIVE	
☐ LICENSED GROUP CHILD CARE HOME		☐ REGISTERED SIX OR FEWER		☐ REGISTERED EXEMPT		☐ PENDING	
☐ LICENSED CHILD CARE CEN	ITER						
If you or a member of	your immediate family	ever served in the U.	.S. Armed Forces, o	click <u>here</u> for information	n on military-related ser	vices in Missouri or visit https://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	
	on for the above individ	uals be sent to me. I	,		•	nformation required on this form. I request that a copy of the present without a qualifying result on the comprehensive	
SIGNATURE OF OWNER(S)/BO	OARD CHAIRPERSON/DESIGNE	EE			DATE		
The Department of Elementary and	Secondary Education does not disc	riminate on the basis of race, c	olor, religion, gender, gende	er identity, sexual orientation, natio	nal origin, age, veteran status, men	tal 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 VI/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.

MO 500-3299 (Rev 08-23)