MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

# EMPLOYER CRIMINAL BACKGROUND CHECK NOTIFICATION

Email this form to sccrcbs@health.mo.gov
or fax to 573-526-5345.

| FACILITY NAME | DVN |
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| | |

| OWNER | CONTACT PERSON |
|---|---|
| | |

| EMAIL ADDRESS | PHONE NUMBER |
|---|---|
| | |

| MAILING ADDRESS | CITY | STATE | ZIP CODE | COUNTY |
|---|---|---|---|---|
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| FACILITY TYPE | STATUS |
|---|---|
| ☐ FAMILY CHILD CARE HOME ☐ GROUP CHILD CARE HOME ☐ CHILD CARE CENTER | ☐ LICENSED ☐ PENDING LICENSURE |

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

| LAST NAME (CURRENT/LEGAL) | FIRST NAME (CURRENT/LEGAL) | MI | 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). | DATE FINGERPRINTS WERE TAKEN |
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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 shall be supervised at all times by another child care staff member who received a qualifying result on the criminal background check within the past five years.

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