



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FAMILY CARE SAFETY REGISTRY  
**DEPARTMENT OF SOCIAL SERVICES CHILD CARE PROVIDER REGISTRATION  
 BACKGROUND SCREENING REQUEST**

**FCSR USE ONLY**

IMPORTANT - PROVIDER & EVERYONE IN THE PROVIDER'S HOUSEHOLD OVER 17 YEARS OLD MUST EACH COMPLETE AND SUBMIT THEIR OWN COPY OF THIS FORM \*\*\* DO NOT REGISTER MORE THAN ONE PERSON PER FORM.

**SECTION A: ENTER THE NAME OF THE DSS REGISTERED CHILD CARE PROVIDER (TYPE OR PRINT CLEARLY)**

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**SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING - PLEASE TYPE OR PRINT CLEARLY**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD) - -	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (optional) ( )
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**HOME MAILING ADDRESS (EMPLOYER'S ADDRESS NOT ACCEPTED)**

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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**SECTION C: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by section 210.900 to 210.936, RSMo., to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information contained in the Family Care Safety Registry to the requestor for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder-care or personal care setting. I understand that if I dispute the information contained in the Family Care Safety Registry I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination.

SIGNATURE OF APPLICANT (REQUIRED IN INK) ▶	DATE
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**SECTION D: REQUEST FOR PROVIDER OR HOUSEHOLD MEMBER BACKGROUND INFORMATION (TO BE COMPLETED FOR NEW REGISTRANTS ONLY - DUPLICATES WILL BE RETURNED)**

I certify that my request for background information on the individual identified in Section B of this form is for employment purposes only. For purposes of the Family Care Safety Registry (FCSR), "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder-care or personal care setting. In the event that the background screening performed upon the individual identified in Section B of this form indicates that there is information identified in any of the sources checked by the FCSR, I request that the specific information related to this finding be provided to me. I have read and understand the following: 1) FCSR information provided consists only of information relative to the State of Missouri and does not include information from other states or information that may be available from other states; 2) any person who uses the information obtained from the FCSR for any purpose other than that specifically provided for in sections 210.900 to 210.936, RSMo., is guilty of a class B misdemeanor, and 3) when any FCSR information is disclosed the Department of Health and Senior Services will notify the registrant of the name and address of the individual making the request.

AUTHORIZED SIGNATURE  
**OFFICE OF EARLY CHILDHOOD (AUTHORIZED SIGNATURE ON FILE)**

DSS COUNTY OFFICE

**IMPORTANT**

- Individuals are required to register one-time only
- Contact 1-866-422-6872 (toll-free) if you have questions on how to complete this form
- Read back of form for instructions and important information
- Send completed registration form, a copy of social security card and, for those required, a \$5.00 check or money order made payable to:

Missouri Department of Health and Senior Services  
 Attn - Fee Receipts Unit  
 P.O. Box 570  
 Jefferson City, MO 65102

## WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services, provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child-care, elder-care and personal care workers and child-care and elder-care providers:

1. State criminal history information maintained by the Missouri State Highway Patrol
2. Sex Offender Registry information maintained by the Missouri State Highway Patrol
3. Child abuse/neglect records, maintained by the Department of Social Services
4. The Employee Disqualification List, maintained by the Department of Health and Senior Services
5. The Employee Disqualification Registry maintained by the Department of Mental Health
6. Child-care facility licensing records, maintained by the Department of Health and Senior Services
7. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
8. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child-care worker or elder-care worker, or hired on or after January 1, 2002 as a personal care worker, as defined in §210.900, subsection 2, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the Department of Health and Senior Services without good cause, as determined by the department, is guilty of a class B misdemeanor.**

## HOW DO I COMPLETE THE REGISTRATION FORM?

Section A: Provider Name – List the name of the Department of Social Services registered child care provider.

Section B: Provider and Household Member – List your full name, social security number, and date of birth. The provider, and every member of the household over 17 years old, must complete and submit a separate DEPARTMENT OF SOCIAL SERVICES CHILD CARE PROVIDER REGISTRATION BACKGROUND SCREENING REQUEST.

Section C: Authorization to Release Background Check Information - Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921.1, RSMo.

Section D: Request for Provider or Household Member Background Screening Information - Per §210.903.2, RSMo "employment purposes" includes "screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care..." "setting." The Office of Early Childhood has a signature on file with the Family Care Safety Registry. This signature certifies that the request for background information is for employment purposes only. The requestor understands that the information provided is relative to the state of Missouri only and does not include any other information on file with another state, that the registrant will be notified in writing that a request has been received and requestor's name and information provided to the employer identified in this section, and that any person who misuses the information is guilty of a class B misdemeanor including the specific background screening information.

## WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form, a photocopy of your social security card and a \$5.00 check or money order FOR EACH FORM SUBMITTED to the to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102. If you have questions about this form or the Family Care Safety Registry, please call the Registry using the toll-free telephone number, 1-866-422-6872. If you have questions about registration with the Department of Social Services in order to receive payment for services provided to families receiving child care assistance, contact your local Family Support Division Office.

## WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only as defined pursuant to §210.921.1, RSMo. **Any person using Registry information for any other purpose is guilty of a class B misdemeanor.** Prior to disclosing information, the Registry obtains the name and address of the person calling, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. State agencies can request information for licensure or regulatory purposes. Child care providers applying for registration for subsidy payments from the Family Support Division fall into this category. They are self-employed, and have applied to enter into a payment agreement with the Department of Social Services. This information is also reported to the Internal Revenue Service (IRS). Contact the IRS at 1-800-829-1040 for answers to your tax related questions.

## WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in the **transfer** of information from the state agency that maintains the background information (see list of agencies, above) and does not include a right to appeal the accuracy of the **substance** of the information transferred. An appeal needs to be filed in writing at the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law. **If you wish to appeal the decision made by the Department of Social Services on your application for registration for subsidy child care, you must contact your local Family Support Division Office.**

## WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry is limited. A FCSR worker will first confirm whether the person in question is registered. If the person is registered, the FCSR will then disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one. **Specific information will be disclosed by the FCSR to agencies licensed by the state of Missouri by phone, fax or mail.** Family Care Safe Registry applications for the purposes of registration for a payment agreement with the Department of Social Services, will generate detailed information directly to the Office of Early Childhood.