



**MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
COMPREHENSIVE BACKGROUND SCREENING INFORMATION**

Four or Less (FOL) Providers: Must list the data for yourself (provider) and all household members age 17 years and older.

License-Exempt Providers, including but not limited to, School (SCH), Religious in Compliance (RIC) receiving or applying to receive CCDF Funds, and Business (BUS): Must list data for ALL staff/volunteers responsible for the supervision of children.

INSTRUCTIONS: Please print the name of the child care provider/facility, DVN, and list the full legal name, social security number, and date of birth of persons responsible for the supervision of children as outlined above. Make copies and attach additional sheets if necessary. The information provided below will be used to obtain results of comprehensive background screenings from the Missouri State Highway Patrol and the Family Care Safety Registry (FCSR).

Complete in full and return this document with your Registered Child Care Agreement to:

Mail: Child Care Provider Relations Unit, P.O. Box 88, Jefferson City, MO 65103

Fax: (573) 526-9586

Email: CD.ASKCCPRU@dss.mo.gov

CHILD CARE PROVIDER/FACILITY NAME: _____ **PHONE #:** _____
DEPARTMENTAL VENDOR NUMBER (DVN): _____

FULL LEGAL NAME (Print)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HAS THIS PERSON LIVED IN ANY OTHER STATE(S) IN THE LAST FIVE (5) YEARS? (CHECK YES OR NO)	IF 'YES' IS CHECKED LIST THE STATE(S) THIS PERSON HAS LIVED IN DURING THE LAST FIVE (5) YEARS:
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

For questions, please contact the Child Care Provider Relations Unit (CCPRU) at 573-526-3011.