



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

**Six or Fewer (SOF) Providers, License-Exempt Providers, including but not limited to, School (SCH), Religious in Compliance (RIC) receiving or applying to receive CCDF Funds, and Business (BUS)**

**Please list required data for individual who meet the definitions below for a child care provider and child care staff member, as defined in 210.1080, RSMo.** Every individual listed must complete a **MOVECHS Waiver Agreement and Statement** (copy included in registration packet) and provider shall submit with this form.

**"Child care provider"**, a person licensed, regulated, or registered to provide child care within the state of Missouri, including the member or members, manager or managers, shareholder or shareholders, director or directors, and officer or officers of any entity licensed, regulated, or registered to provide child care within the state of Missouri;  
**"Child care staff member"**, a child care provider; persons employed by the child care provider for compensation, including contract employees or self-employed individuals; individuals or volunteers whose activities involve the care or supervision of children for a child care provider or unsupervised access to children who are cared for or supervised by a child care provider; individuals residing in a family child care home who are seventeen years of age or older before January 1, 2021, or eighteen years of age or older on or after January 1, 2021; or individuals residing in a family child care home who are under seventeen years of age before January 1, 2021, or under eighteen years of age on or after January 1, 2021, and have been certified as an adult for the commission of an offense;

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). **Return the completed document with your Registered Child Care Agreement to:**

**Child Care Provider Relations Unit      Mail: 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? IF YES, PLEASE LIST OTHER STATE(S).	DATE FINGERPRINTS WERE TAKEN	COMPLETED WAIVER ATTACHED
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
			<input type="checkbox"/> NO <input type="checkbox"/> YES		
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