

## WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry, administered by the Missouri Department of Health, allows persons calling for employment purposes to receive background information on child-care or elder-care workers or on persons who voluntarily register. Employment purposes include direct employer-employee relationships, prospective employer-employee relationships and screening and interviewing of persons or facilities by persons contemplating the placement of an individual in a child-care or elder-care setting. The registry, through various state agencies, offers several resources to screen child-care and elder-care workers and child-care and elder-care providers:

1. State criminal background checks conducted by the Missouri State Highway Patrol
2. Child abuse/neglect records, maintained by the Division of Family Services
3. The Employee Disqualification List, maintained by the Division of Aging
4. Child-care facility licensing records, maintained by the Department of Health
5. Foster parent, residential care facility, and child placing agency licensing records, maintained by Division of Family Services
6. Residential living facility and nursing home licensing records, maintained by the Division of Aging

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child-care worker or elder-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 without good cause, as determined by the department, is guilty of a class B misdemeanor.**

## HOW DO I COMPLETE THE REGISTRATION FORM?

**Section A: Type of Worker** - Check (4) one or more boxes that best describes your worker category. A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 to §210.936, RSMo.

**Section B: Identifying Data for Background Screening** - List your current name, maiden name, all prior names used, social security number, date of birth, gender, home address, and mailing address. You must provide your social security number pursuant to §210.906.2, RSMo Supp. 1999. This identifying information, including social security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

**Section C: Current Employer Information (If Applicable)** - If you are currently employed by or are seeking employment with a child-care or elder-care provider, please list the facility name, owner/operator, facility type and facility address. If you are a foster parent, a voluntary registrant, or receive state or federal funds for child-care or elder-care services, leave this section blank.

**Section D: 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, subsection 2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921, subsection 1, RSMo.

## WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form, photocopy of social security card and \$5.00 check or money order made payable to the Missouri Department of Health to: Missouri Department of Health, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the registry at (573) 526-1974.

## 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 you become the subject of an inquiry to the registry and a subsequent updated background check. The notification will contain the name and address of the person who made the inquiry and the background information disclosed. The person requesting background information will be informed that information will be released for employment purposes only as defined pursuant to §210.921, subsection 1, RSMo. **Any person using registry information for any other purpose is guilty of a class B misdemeanor.** 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.

## 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 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, 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.

## 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 will be limited. A registry worker will first confirm whether the person in question is registered. If the person is registered, the registry worker 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 only be disclosed by the registry upon receipt of a written request from the caller.

Advantage Nursing Services  
Health Facility Staffing  
Health Care Management Systems, Inc.

**Please Print:**

Name ( Last, First, Middle) \_\_\_\_\_

(Maiden/alias) \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race \_\_\_\_\_

**Sex:**

Male

Female

Address: \_\_\_\_\_  
Street Apt. No. State Zip Code

I authorize the release of any criminal history record information to the requestor.

Signature: \_\_\_\_\_

It is the responsibility of the requester to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

**PURPOSE**

**Employment:**

Nursing Home

Home Health Care

Other Employment

Other: (specify) \_\_\_\_\_

**Send Reply To:**

**Health Management Systems, Inc.**  
8630 Delmar, Suite 215  
St. Louis, Mo. 63124

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PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT

(PER SECTIONS 43.527 AND -530, RSMo.)

Search based on NAME, DATE OF BIRTH, SOCIAL SECURITY NO.: \$7.00/INDIVIDUAL