Head Start
MID-AMERICA REGIONAL COUNCIL

Form 8200

Five Year Criminal Background Clearance Statement
Information for ChildPlus Database
This form is to be used for the five-year update only
Submit form by uploading to the Head Start Data Team SharePoint HR Folder, Supporting Documents

TO BE COMPLETED BY EMPLOYER: Complete Criminal Background Check Clearance Statement

Section 1 – Complete when five-year criminal background checks or additional criminal background checks have been completed

Date Submitted to MARC Head Start: _____

Program Name: _____ **Contact Person:** _____

Employee Name: _____ **Title:** _____

Criminal Background Check Clearance Statement
(Clearance dates received from Human Resources Department):

FBI Fingerprint: _____ **State Fingerprint:** _____

Sex Offender Registry (This date should be the same as the fingerprints date): _____

Child Abuse & Neglect Screening (Submit copy of FCSR): _____

I verify that _____ (Program Name) **has received updated criminal background check clearance results for** _____ (Name of staff member)**.**

Signature of Human Resources or designee_____ **Date**_____

Attach the following documents when uploading to SharePoint.

___Completed criminal background check clearance statement on Form 8200 along with the FCSR or an Approved Eligibility Determination Letter from Missouri Department of Health & Senior Services