



**Missouri Department of Health and Senior Services  
 Family Care Safety Registry  
 Memorandum of Agreement Attachment – Organization or Facility Information**

Provider/Agency Name (Include DBA name, if applicable.):

**Raytown C2 School District**

Parent Company Name (if applicable):

Mailing Address:

**6608 Raytown Road**

Street Address or PO Box

**Raytown**

City

**MO**

State Abbrev.

**64133**

ZIP Code

**Jackson County**

County

Telephone:

**( 816 ) 268 - 7000**

Fax:

**( 816 ) 268 - 7009**

Main Contact Information:

**Dr. Marlene DeVilbiss, Assistant Superintendent of Human Resources**

Name and Title

Telephone Number for Main Contact (if different than above):

**( ) - ext.**

Email Address (optional):

**Marlene.devilbiss@raytownschools.org**

Which type(s) best describe your organization or facility? (Check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Child Care Center                                  | <input type="checkbox"/> Adult Day Care                  | <input type="checkbox"/> Home Health Agency                    |
| <input type="checkbox"/> Family Child Care Home/Group Home                  | <input type="checkbox"/> Assisted Living Facility        | <input type="checkbox"/> Hospice                               |
| <input type="checkbox"/> Child Placement Service (Adoptive/<br>Foster Care) | <input type="checkbox"/> Skilled Nursing Facility        | <input type="checkbox"/> Hospital: LTAC or Swing Bed           |
| <input type="checkbox"/> Children's Home/Residential Facility               | <input type="checkbox"/> Nursing Facility                | <input type="checkbox"/> Other Long Term Care Provider         |
| <input type="checkbox"/> State or Local Government Agency                   | <input type="checkbox"/> Residential Care Facility       | <input type="checkbox"/> General Hospital                      |
| <input checked="" type="checkbox"/> School: K – 12                          | <input type="checkbox"/> Intermediate Care Facility      | <input type="checkbox"/> Mental Health/Psychiatric<br>Hospital |
| <input type="checkbox"/> School: College/Technical/University               | <input type="checkbox"/> Intermediate Care Facility/MR   | <input type="checkbox"/> Other Health Care Provider            |
| <input type="checkbox"/> Non-Emergency Medical Transport                    | <input type="checkbox"/> Personal Care: CDS/CIL          | <input type="checkbox"/> Other (Please list): _____            |
|   | <input type="checkbox"/> Personal Care: In-Home Svcs.    |  |
|   | <input type="checkbox"/> Personal Care: HCY/PDW/DDD/Oth. |  |

If more than one type selected above, which one is primary? (Please list.) \_\_\_\_\_

**MOA Number (Internal Use Only)**



**Missouri Department of Health and Senior Services  
Family Care Safety Registry  
Memorandum of Agreement**

MOA Number (Internal Use Only)

The Missouri Department of Health and Senior Services (DHSS) and Raytown C2 School District, hereinafter referred to as Provider, do hereby enter into the following agreement to identify roles and responsibilities related to utilizing the Family Care Safety Registry (FCSR) Internet Background Screening Request System. The following terms are agreed upon as follows:

**The DHSS shall:**


1. Grant access to the FCSR Internet Background Screening System to eligible employees of Provider who is licensed or contracting with the DHSS. Access shall be used for the sole purpose of meeting legal requirements for background screening of employees.
2. Provide ongoing user support to Provider employee.
3. Terminate access to the FCSR Internet Background Screening System to any Provider employee who has not utilized their access for thirty (30) consecutive days.

**The Provider shall:**

1. Ensure that all Provider employees requesting access to the FCSR Internet Background Screening System are registered with the FCSR and are not listed on any background screening database accessed by the FCSR.
2. Request access for individuals who are employed in good standing with Provider in a direct employer-employee relationship.
3. Ensure that Provider shall notify DHSS within 24 hours of any change in Provider employee's employment status requiring removal/replacement of the Provider employee currently permitted access. Failure to report changes within designated timeframe may result in termination of Memorandum of Agreement.
4. Ensure that information obtained from the FCSR Internet Background Screening System is obtained for employment purposes only as identified in section 210.921, RSMo, and understand that misuse of information is a class B misdemeanor.
5. Ensure that confidential information obtained through the FCSR Internet Background Screening System is protected as required by applicable state and federal laws and accept liability for any and all breaches of confidentiality.
6. Ensure that Provider employees shall not share passwords issued by DHSS with any other individual. Failure to comply with this provision will result in immediate termination of this agreement.
7. Complete the attached organization/facility information sheet for information to be maintained in the FCSR database, and communicate changes in information to the FCSR in a timely manner.

Either party may terminate this agreement with 30 days prior written notice.

The parties hereto have signed this Memorandum of Agreement on the date indicated.

<b>PROVIDER</b>	
Authorized Signature 	Title <b>Superintendent</b>
Provider/Agency Name <b>Raytown C2 School District</b>	Date <b>07/12/2021</b>
Provider License/Contract Number	Provider Licensing Agency
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b>	
Authorized Signature	Title
Division	Date