



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
FACILITY DIRECTOR APPROVAL REQUEST

Send to:
Child Care Facility Specialist
SCCR District Office

TO BE COMPLETED BY FACILITY OWNER/DESIGNEE

LEGAL NAME OF FACILITY		DVN		LICENSED CAPACITY	
STREET ADDRESS		CITY		STATE	ZIP CODE
FACILITY EMAIL ADDRESS		TELEPHONE NUMBER ()		COUNTY	
NAME OF PROPOSED DIRECTOR				DATE OF HIRE	

DOCUMENTS REQUIRED TO BE ON FILE AT THE FACILITY AND PROVIDED TO CCFS

- SCCR CERTIFICATION OF FACILITY DIRECTOR (BCC-71).
- MEDICAL EXAMINATION REPORT (BCC-4).
- TUBERCULIN RISK ASSESSMENT FORM.
- RESULTS FROM BACKGROUND SCREENINGS (PER RULE 19 CSR 30-62.102(1) K AND L).

AGREEMENTS

- The facility director shall be routinely on duty on the premises a minimum of forty (40) hours per week during the hours of highest attendance.
- If the facility operates less than forty (40) hours per week, the facility director shall be routinely on duty on the premises as least fifty (50%) percent of the operating hours.
- The facility director shall not be engaged in any other employment while on duty.
- In the absence of the facility director, another responsible individual shall be designated in charge of the facility.
- The owner(s), board president or chairperson shall notify the Department immediately if the approved facility director is no longer employed in that position.

SIGNATURE OF FACILITY OWNER/DESIGNEE	DATE
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SCCR OFFICE USE ONLY
APPROVAL DETERMINATION

THE PROPOSED DIRECTOR NAMED ABOVE IS APPROVED IS NOT APPROVED TO BE THE QUALIFIED DIRECTOR OF THE ABOVE-NAMED FACILITY.

CERTIFICATION DATE		CAPACITY Up to Children	
BACKGROUND CHECK DATE	MEDICAL EXAM DATE	TB DATE	
<input type="checkbox"/> APPROVED UNDER VARIANCE VARIANCE EXPIRATION DATE: _____	DATE VARIANCE CONDITIONS MET	RESCINDED DATE (VARIANCE CONDITIONS NOT MET)	

Facility Director approval requests approved under a variance will no longer be valid if variance conditions are not met.

SIGNATURE OF REVIEWER	DATE
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