



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
ANNUAL DECLARATION FOR LICENSED FACILITY

IDENTIFYING INFORMATION

LEGAL NAME OF FACILITY	<input type="checkbox"/> FAMILY CHILD CARE <input type="checkbox"/> GROUP CHILD CARE HOME <input type="checkbox"/> CHILD CARE CENTER
DVN	
FACILITY TELEPHONE NUMBER	
LOCATION (STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	
E-MAIL ADDRESS	

ADMINISTRATION (ATTACH ADDITIONAL PAGES AS NEEDED).

LIST ALL NAME(S) OF OWNER(S), ORGANIZATION OR CORPORATION OPERATING CHILD CARE FACILITY

NAME	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IS OWNERSHIP REGISTERED WITH OFFICE OF SECRETARY OF STATE? YES NO

IF YES, PLEASE CHECK: FICTITIOUS NAME CORPORATION LLC OTHER _____

NAME OF BOARD PRESIDENT/CHAIRPERSON/LLC MEMBER	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

DOCUMENTS:

The facility will submit the following documents at least 30 days prior to the anniversary date:

- Current list of available equipment
- Listing of child care staff member(s)/household member(s), family child care assistants
- A completed safety plan (if applicable)
- Evidence of compliance with local building and zoning requirements, if applicable.(Group Home/Center only)

The facility will request and have on file for review during inspection:

- Family Care Safety Registry screening dated within 30 days of the anniversary date.
- Documentation as required by the Missouri Secretary of State and state law to verify the legal entity is in good standing if owned by a legal entity.

PLEASE READ PRIOR TO SIGNING APPLICATION:

I/we understand and acknowledge that:

- The licensee has read, understands, and agrees to comply with all applicable statutes and licensing rules which can be found at <https://health.mo.gov/safety/childcare/lawsregs.php>.
- The submission of this form confirms the licensee's desire to continue operating the program listed above.
- The license is not transferable and applies only to the person(s) and address shown on the license.
- The license may be subject to revocation or other disciplinary actions for failure to maintain compliance with state statutes and licensing rules.
- The licensing record is open to the public for review, if requested.
- I/we agree to accept and provide care to children without regard to race, sex, religion, national origin or disability.

THE UNDERSIGNED IS THE PERSON(S) RESPONSIBLE FOR THE INFORMATION GIVEN AND STATES THAT INFORMATION IS TRUE AND ACCURATE.

SIGNATURE OF OWNER(S)/BOARD CHAIRPERSON /LLC MEMBER/ DESIGNEE (CIRCLE APPROPRIATE TITLE)	DATE
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