



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SECTION FOR CHILD CARE REGULATION

CENTER DIRECTOR/GROUP CHILD CARE HOME PROVIDER APPROVAL REQUEST

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 CENTER DIRECTOR/GROUP CHILD CARE HOME PROVIDER			DATE OF HIRE

DOCUMENTS REQUIRED TO BE ON FILE AT THE FACILITY AND PROVIDED TO CHILD CARE FACILITY SPECIALIST
<input type="checkbox"/> COPY OF THE SCCR DIRECTOR CERTIFICATION (DHSS CCR-71) <input type="checkbox"/> RESULTS FROM BACKGROUND SCREENINGS (PER RULE 19 CSR 30-63)

AGREEMENTS	
<ol style="list-style-type: none"> <li>The facility director/group child care home provider shall be routinely on duty on the premises a minimum of forty (40) hours per week during the hours of highest attendance.</li> <li>If the facility operates less than forty (40) hours per week, the center director or group child care home provider shall be routinely on duty on the premises as least fifty (50%) percent of the operating hours.</li> <li>The duties and responsibilities of the center director/group child care home provider shall be defined clearly in writing.</li> <li>In the absence of the center director/group child care home provider, another responsible individual shall be designated in charge of the facility.</li> <li>The owner(s), board president or chairperson shall notify the Department immediately if the approved center director/group child care home provider is no longer employed in that position.</li> </ol>	
SIGNATURE OF FACILITY OWNER/DESIGNEE	DATE

**SCCR OFFICE USE ONLY**  
**APPROVAL DETERMINATION**

THE PROPOSED DIRECTOR OR GROUP CHILD CARE HOME PROVIDER NAMED ABOVE <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS NOT APPROVED
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TO BE THE QUALIFIED DIRECTOR OF THE ABOVE NAMED FACILITY.	
CERTIFICATION DATE	CAPACITY <input type="checkbox"/> UP TO 20 CHILDREN <input type="checkbox"/> 21-60 CHILDREN <input type="checkbox"/> 61-99 CHILDREN <input type="checkbox"/> 100+ CHILDREN
BACKGROUND SCREENING DATE	

<input type="checkbox"/> APPROVED UNDER VARIANCE VARIANCE EXPIRATION DATE: _____	DATE VARIANCE CONDITIONS MET	RESCINDED DATE(VARIANCE CONDITIONS NOT MET)
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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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