



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
CENTER DIRECTOR/GROUP DAY 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 DAY CARE HOME PROVIDER				DATE OF HIRE	

DOCUMENTS REQUIRED TO BE ON FILE AT THE FACILITY AND PROVIDED TO THE CHILD CARE FACILITY SPECIALIST

COPY OF COMPLETED CENTER DIRECTOR/GROUP DAY CARE HOME PROVIDER CERTIFICATION REQUEST (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).

DEPARTMENT-APPROVED SAFE SLEEP TRAINING

AGREEMENTS

1. The center director/group day 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.
2. If the facility operates less than forty (40) hours per week, the center director or group day care home provider shall be routinely on duty on the premises as least fifty (50%) percent of the operating hours.
3. The duties and responsibilities of the center director/group day care home provider shall be defined clearly in writing.
4. In the absence of the center director/group day care home provider, another responsible individual shall be designated in charge of the facility.
5. The owner(s), board president or chairperson shall notify the Department immediately if the approved center director/group day care home provider is no longer employed in that position.

SIGNATURE OF FACILITY OWNER/DESIGNEE	DATE
--------------------------------------	------

SCCR OFFICE USE ONLY

APPROVAL DETERMINATION

THE CENTER DIRECTOR/GROUP DAY CARE HOME PROVIDER NAMED ABOVE IS APPROVED

IS NOT APPROVED TO BE THE CENTER DIRECTOR/GROUP HOME DAY CARE PROVIDER OF THE ABOVE-NAMED FACILITY.

CERTIFICATION DATE		CAPACITY Up to _____ Children	
BACKGROUND CHECK DATE	MEDICAL EXAM DATE	TB DATE	SAFE SLEEP TRAINING DATE

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 APPROVED UNDER VARIANCE	DATE VARIANCE CONDITIONS MET	RESCINDED DATE (VARIANCE CONDITIONS NOT MET)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

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

SIGNATURE OF REVIEWER	DATE
-----------------------	------