



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES/CHILD CARE LICENSING UNIT
**APPLICATION FOR LICENSE TO OPERATE A
 GROUP DAY CARE HOME OR CHILD DAY CARE CENTER**

FACILITY TYPE	
<input type="checkbox"/> GROUP DAY CARE HOME	<input type="checkbox"/> CHILD DAY CARE CENTER
<input type="checkbox"/> INITIAL	PROPOSED OPENING DATE
<input type="checkbox"/> RENEWAL	

IDENTIFYING INFORMATION	
A) NAME OF FACILITY	
B) LOCATION (STREET, CITY, STATE, ZIP CODE, COUNTY)	
C) MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	FACILITY TELEPHONE ()

LICENSING LIMITATIONS REQUESTED			
A) TOTAL CAPACITY	AGE RANGE	MONTHS OF OPERATION	
NUMBER REQUESTED PER FOLLOWING AGE CATEGORY		DAYS OF OPERATION	HOURS OF OPERATION
INFANT/TODDLERS	PRESCHOOL/SCHOOLAGE		

ADMINISTRATION				
A) OWNER(S), ORGANIZATION OR CORPORATION OPERATING CHILD CARE FACILITY (IF MORE THAN ONE OWNER, INDICATE ON REVERSE)				
NAME		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER ()	DATE OF BIRTH	RACE	SEX	SOCIAL SECURITY NUMBER

B) CORPORATE STATUS		DATE INCORPORATED
<input type="checkbox"/> PROFIT	<input type="checkbox"/> NON-PROFIT	

C) BOARD PRESIDENT OR CHAIRPERSON				
NAME		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER ()	DATE OF BIRTH	RACE	SEX	SOCIAL SECURITY NUMBER

D) DIRECTOR/GROUP DAY CARE HOME PROVIDER				
NAME		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER ()	DATE OF BIRTH	RACE	SEX	SOCIAL SECURITY NUMBER

REFERENCES FOR NON-INCORPORATED FACILITIES AND INCORPORATED GROUP DAY CARE HOMES (INITIAL APPLICATIONS ONLY)		
NAME	ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE
		()
		()

PLEASE READ PRIOR TO SIGNING APPLICATION:

- The undersigned is the person(s) named as applicant(s). The information given is true and accurate. I/we have read Missouri Statutes, Sections 210.201 - 210.245, RSMo, and the **Licensing Rules for Group Day Care Homes and Child Day Care Centers in Missouri**.
- It is understood that a license will be granted after compliance with State Statutes and Licensing Rules has been determined. If rules are not met within six months, this application shall be void.
- 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 for failure to maintain compliance with State Statutes and Licensing Rules.
- It is understood that the licensing record is open to the public for review, if requested.
- The applicant(s) agrees to accept and render services to children without regard to race, sex, religion or national origin.
- The Facility Owner(s), Board President or Chairperson and the Center Director or Group Day Care Home Provider shall be screened for child abuse/neglect.

SIGNATURE OF OWNER(S), BOARD PRESIDENT OR CHAIRPERSON OR DESIGNEE ▶	INSTRUCTIONS: COMPLETE AND RETURN ONE COPY TO:
TITLE DATE	
SIGNATURE OF OWNER(S) ▶	
TITLE DATE	



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
BACKGROUND SCREENING AND INVESTIGATION UNIT
APPLICATION FOR CHILD ABUSE/NEGLECT SCREENING

IDENTIFYING DATA (PLEASE PRINT)						
1. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)				(JR., SR., III)		2. DATE OF BIRTH MM DD YY
3. SEX	4. RACE	5. SOCIAL SECURITY NUMBER	6. DRIVER'S LICENSE NUMBER <input type="checkbox"/> NONE		7. STATE	
PLEASE ENTER RESPONSE TO 3 AND 4 ABOVE AS FOLLOWS SEX: M-MALE; F-FEMALE RACE: W-WHITE; B-BLACK; H-HISPANIC; I-AMERICAN INDIAN; A-ORIENTAL, ASIAN OR EAST INDIAN						

BACKGROUND INFORMATION							
1. ALL NICKNAMES							
2. MAIDEN NAME							
3. ALL ALIASES							
4. ALL OTHER NAMES FORMERLY USED							
5. PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)							
6. ALL PREVIOUS RESIDENTIAL ADDRESSES FOR THE PAST 5 YEARS (USE BACK PAGE IF NECESSARY)							
STREET		CITY		STATE		ZIP	
STREET		CITY		STATE		ZIP	
STREET		CITY		STATE		ZIP	
SIGNATURE OF EMPLOYEE (OPTIONAL)						DATE	
SIGNATURE OF EMPLOYER (IN INK)						TELEPHONE NO. ()	
TITLE						DATE	

FORM PURPOSE
THIS FORM IS FOR THE PURPOSE OF REQUESTING INFORMATION PERTAINING TO THE NATURE AND DISPOSITION OF ANY REPORT OR REPORTS OF ABUSE OR NEGLECT REVEALED BY AN EXAMINATION OF THE CENTRAL REGISTRY AS PROVIDED BY SECTION 210.150 (6). THIS INFORMATION IS PROVIDED TO ANY FACILITY, SCHOOL, AGENCY, ETC. EXERCISING TEMPORARY SUPERVISION OVER A CHILD OR PROVIDING OR HAVING CARE OR CUSTODY OF A CHILD, WHO MAY REQUEST AN EXAMINATION OF THE CENTRAL REGISTRY FROM THE DIVISION OF FAMILY SERVICES FOR ALL EMPLOYEES AND VOLUNTEERS OR PROSPECTIVE EMPLOYEES AND VOLUNTEERS, OR WHO DO OR WILL PROVIDE SERVICES OR CARE TO CHILDREN. NOTE: FAILURE TO PROVIDE THE EMPLOYER'S ADDRESS IN THE SPACE BELOW MAY RESULT IN A DELAY IN THE RESPONSE.

PLEASE COMPLETE BELOW (Print clearly as this will be your mailing label.)

CONFIDENTIAL		
NAME OF EMPLOYER		
NAME OF FACILITY OR AGENCY		
ADDRESS (STREET)		
CITY	STATE	ZIP CODE

MAIL COMPLETED FORM TO:

DIVISION OF FAMILY SERVICES
B.S.I.U. P.O. BOX 88
JEFFERSON CITY, MO 65103