



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

### Instructions for Applying for a New Child Care License

1. Go to [www.healthysms.com](http://www.healthysms.com) and then click the link for **LICENSURE**.

The screenshot shows the Mississippi State Department of Health website. At the top, there is a navigation bar with the department's name, social media icons (Facebook, Twitter, Instagram), an 'info' icon, and links for 'LOCATIONS', 'CONTACT', 'TOPICS A-Z', and 'SEARCH'. Below the navigation bar is a large green banner for 'FIGHT FLU' with the text 'Every year, the flu is different. Flu severity is hard to predict. Be prepared with a flu vaccination.' and a 'LEARN MORE' button. To the left of the banner is a vertical menu with links: 'Licensure', 'Regulation', 'Public Services', 'Disease Control', 'Data and Statistics', and 'Health and Safety Topics'. An orange arrow points to the 'Licensure' link. Below the banner is a sign-up form for MSDH news and alerts. At the bottom, there are four columns of featured content: 'Flu Shots and Prevention', 'POPULAR TOPICS', 'HEALTHY LIVING', and 'NEWS AND EVENTS'.

2. Click the **HOW TO GET A CHILD CARE LICENSE** link on the right side of the screen.

The screenshot shows the 'Licensure' page on the Mississippi State Department of Health website. The left-hand navigation menu is visible, with 'Licensure' selected. The main content area is divided into four columns: 'Professional Licensure', 'Health and Care Facilities', 'Child Care & Youth Camps', and 'Other Licenses & Permits'. The 'Child Care & Youth Camps' column contains links: 'Find a Child Care Provider', 'How to Get a Child Care License', 'Child Care License Renewal', 'Provider Record Maintenance', and 'Provider Training'. An orange arrow points to the 'How to Get a Child Care License' link. Below the main content area is a sign-up form for MSDH news and alerts. At the bottom, there are four columns of featured content: 'Flu Shots and Prevention', 'POPULAR TOPICS', 'HEALTHY LIVING', and 'NEWS AND EVENTS'.

3. Once you have reviewed all the information on the **HOW TO GET A CHILD CARE LICENSE** page, click the PDF link also labeled *How to Get a Child Care License*.

The screenshot shows the Mississippi State Department of Health website. The page title is "How to Get a License for a New Child Care Facility". The main content area starts with a large blue letter "A" followed by the text: "A license is required for all facilities with six or more children. Our guide will help you through the steps." Below this, there is a paragraph explaining that a license is required for facilities caring for six or more children under 13 years of age. A link "How to Get a Child Care License PDF" is highlighted with an orange arrow. Below that, there is a section titled "Once you have reviewed this information, you can begin the online application process:" with a link "Apply for a new child care license online".

4. Read the *How to Get a Child Care License* packet thoroughly. This packet provides all the required steps to successfully apply for a new child care license! Once you are ready to begin the application process, click the **APPLY FOR A NEW CHILD CARE LICENSE ONLINE** link.

This screenshot is identical to the one above, showing the same page content. In this version, an orange arrow points to the "Apply for a new child care license online" link.

5. To complete your online Child Care License application, you will need: (1) last four digits of the Owner or Director's Social Security Number, (2) the Owner or Director's date of birth, and (3) proper form of payment (credit/debit card or e-check).

6. Review the information on application start screen and click **NEXT**.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Application Home  
Contact Us  
FAQ

**Before you begin, you will need the following:**

1. Last 4 numbers of Owner or Director's SSN
2. Date of Birth of Owner or Director
3. One of the following
  - Visa Debit/Credit Card
  - MasterCard Debit/Credit Card
  - American Express Debit/Credit Card
  - Discover Debit/Credit Card
  - e-Check

*The total price paid through this application includes funds used to develop, maintain, enhance and expand the service offerings of the state's eGovernment program. The base amount of the payment will be remitted back to MSDH. For questions about the ms.gov order total, contact (877) 290-9487.*

Next >>

7. Select **CREATE A NEW APPLICATION** and click **NEXT**.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Application Home  
Contact Us  
FAQ

**Please Make a Selection:**

- Create a new application
- Continue an existing application
- Pay for Initial Day Care License

Next >>

8. Select **DAYCARE, INITIAL APPLICATION**, and click **NEXT**.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Application Home  
Contact Us  
FAQ

Select Application type to begin the application process and click on Next

Day Care  
What type of application? Initial Application

Youth Camp  
 Residential Home

<< Back Next >>

9. Enter the last four digits of the Owner or Director's social security number, Owner or Director's last name, and Owner or Director's date of birth. Then click **SUBMIT**.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Application Home  
Contact Us  
FAQ

Create an Account

Application Type: Day Care Application (Initial)

Please enter the primary Owner or Director details below.

Applicant Information

\* Last four digits of SSN: 1111  
\* Last Name: DOE  
\* Date of Birth: 11/02/1982

<< Back Submit

10. Enter all Center Information including MAILING and PHYSICAL ADDRESS, PHONE NUMBERS, and EMAIL ADDRESS.

- Directors
- First Aid/CPR
- Food Manager
- Detailed Questions
- Required Documents
- Affidavit
- Summary Page
- Logout

### Center Information

\* Center Name:

Type of Organization:

Website:

\* EIN/SSN:  SSN

\* Name Used to Register for Federal/Employee Identification Number:

**Mailing Address:**

\* Country:

\* Address Line 1:

Address Line 2:

\* Zip:

\* City:

\* State:

County:

Physical same as Mailing Address

**Physical Address:**

\* Country:

\* Address Line 1:

Address Line 2:

\* Zip:

\* City:

\* State:

County:

\* Primary Phone:  Work

Secondary Phone:  << Select On

\* Email Address:

\* Re-Enter Email Address:

11. Enter MONTHS OF OPERATION, DAYS OF OPERATION, AND HOURS OF OPERATION, SERVICE DETAILS, and other program information.

- Directors
- First Aid/CPR
- Food Manager
- Detailed Questions
- Required Documents
- Affidavit
- Summary Page
- Logout

#### Months of Operation

(Check all that apply)

Select All

Jan  Feb  Mar

Apr  May  Jun

Jul  Aug  Sep

Oct  Nov  Dec

#### Days of Operation

(Check all that apply)

Monday-Friday

Saturday

Sunday

Nighttime Care

#### Hours of Operation

Monday-Friday  to

Saturday  to

Sunday  to

Other Hrs:

Is this facility accredited by a national organization?  No  Yes Please choose:

Do You Receive Funds From:  USDA Child Care Food Program  Federally or state funded programs

#### Service Details

Full Day  Half Day Morning  Half Day Morning & Afternoon

Head Start  Other -Ex. teen care parenting  School Age After School

Early Head Start  Special Needs  Hourly Care (Only)

Summer Day  Half Day Afternoon  24 Hour



17. Enter details for 1 MILE EMERGENCY SITE and click **SAVE**. Repeat this process for the 5 MILE EMERGENCY SITE.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Center Information | Name: IMAGINARY PRESCHOOL | Application No: 20171221000274 | Application Type: Day Care (Initial)

**Add/Edit Emergency Site**

\* Location Type: Emergency (1 mile) | \* Country: United States of America | \* Address Line 1: 200 1 MILE SITE | Address Line 2: ENTER ADDRESS 2 | \* Zip: 39211 | \* City: Jackson | \* State: Mississippi | County: Hinds | \* Primary Phone: 601-364-2827 | Work | Secondary Phone: Enter Secondary | << Select On | \* Email Address: imaginaryplace@school.com | \* Re-Enter Email Address: imaginaryplace@school.com



18. Once both sites are saved, click **NEXT**.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Center Information | Name: IMAGINARY PRESCHOOL | Application No: 20171221000274 | Application Type: Day Care (Initial)

**Emergency Sites**

		Location Type	Address	Primary Phone
<a href="#">Edit</a>	<a href="#">Delete</a>	Emergency (1 mile)	200 1 MILE SITE JACKSON MS 39211	601-364-2827 (WORK)
<a href="#">Edit</a>	<a href="#">Delete</a>	Emergency (5 mile)	500 EMERGENCY SITE JACKSON MS 39211	601-364-2827 (WORK)



19. Next, details for the OWNER of the facility must be added. Click **ADD AN OWNER**.

The screenshot shows the Mississippi State Department of Health application interface. The header includes the department logo and name. The main content area is titled "Owners" and displays a message: "The following contact types are required: Owner". Below this message, it states "No records available." and provides an "Add an Owner" button, which is highlighted with an orange arrow. Navigation buttons for "<< Previous" and "Next >>" are also visible.

20. Enter details for the Owner of the facility and then click **SAVE**.

The screenshot shows the "Add/Edit Owner" form. The form contains the following fields and values:

- \* Type: Owner
- \* Is this the primary contact for the selected type?: Yes
- Salutation: Ms.
- \* First Name: JANE
- Middle Name:
- \* Last Name: DOE
- Suffix: << Select On
- \* Country: United States of America
- \* Address Line 1: 100 IMAGINARY PLACE
- Address Line 2: ENTER ADDRESS 2
- \* Zip: 39211
- \* City: Jackson
- \* State: Mississippi
- County: Hinds
- \* Primary Phone: 601-364-2827 Work
- Secondary Phone: Enter Secondary << Select On
- \* Email Address: imaginaryplace@school.com
- \* Re-Enter Email Address: imaginaryplace@school.com

An orange arrow points to the "Save" button at the bottom of the form.

21. Click **NEXT** to add details for the DIRECTOR.

The screenshot shows the 'Owners' section of the application form. The header includes the Mississippi State Department of Health logo and name. The form fields are: Name: IMAGINARY PRESCHOOL, Application No: 20171221000274, and Application Type: Day Care (Initial). A table lists one owner: JANE DOE, Primary Owner, at 100 IMAGINARY PLACE JACKSON MS 39211, with phone 601-364-2827 (WORK) and email imaginaryplace@school.cc. Below the table are buttons for 'Add an Owner', '<< Previous', and 'Next >>'. An orange arrow points to the 'Next >>' button.

Type	Name	Address	Phone & Email
Primary Owner	JANE DOE	100 IMAGINARY PLACE JACKSON MS 39211	601-364-2827 (WORK) imaginaryplace@school.cc

22. Click **ADD A DIRECTOR**.

The screenshot shows the 'Directors & Alternate Directors' section of the application form. The header is the same as the previous screenshot. A red box contains the message: 'The following contact types are required. • Director'. Below this is a message: 'No records available.' At the bottom are buttons for 'Add Director', '<< Previous', and 'Next >>'. An orange arrow points to the 'Add Director' button.

23. Enter all details for the facility DIRECTOR and click **SAVE**. **Note: A DIRECTOR CONTACT is not required to complete the application, but is required before a Child Care License can be issued.**

Directors

First Aid/CPR

Food Manager

Detailed Questions

Required Documents

Affidavit

Summary Page

Logout

### Add/Edit Director

\* Type:

\* Is this the primary contact for the selected type?

Salutation:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Country:

\* Address Line 1:

Address Line 2:

\* Zip:

\* City:

\* State:

County:

\* Primary Phone:

Secondary Phone:

\* Email Address:

\* Re-Enter Email Address:

\* Date of Birth:

#### Qualifications

High School Diploma

DECCD Director's Credentials

OCY Director's Credentials

MSDH - Grandfathered Director Certificate

C.D.A

PhD

B.S. Degree in Child Development/Early Childhood Ed

A.A. Degree in Child Development/Early Childhood Ed

M.S. Degree in Child Development/Early Childhood Ed

24 Semester Hrs & Early Childhood

2 or 4 year degree in other field

How many years of PAID work experience does the director have in a child care facility?

1-3 years  4 or more years

➔

24. Click **NEXT** to enter information for the facility's FIRST AID/CPR and FOOD MANAGER CONTACTS. **Note: FIRST AID/CPR and FOOD MANAGER CONTACTS are not required to complete the application, but are required before a Child Care License can be issued.**

## MISSISSIPPI STATE DEPARTMENT OF HEALTH

<b>Center Information</b>	Name: IMAGINARY PRESCHOOL	Application No: 20171221000274	Application Type: Day Care (Initial)
<b>Emergency Sites</b>			
<b>Owners</b>	<b>Directors &amp; Alternate Directors</b>		
<b>Directors</b>			
<b>First Aid/CPR</b>			
<b>Food Manager</b>			
<b>Detailed Questions</b>			
<b>Required Documents</b>			
<b>Affidavit</b>			
<b>Summary Page</b>			
<b>Logout</b>			

	Type	Name	Address	Phone & Email
<a href="#">Edit</a>	<a href="#">Delete</a>	Primary Director	JUNE DOE 100 IMAGINARY PLACE JACKSON MS 39211	601-364-2827 (WORK) imaginaryplace@school.cc

➔

25. Complete the DETAILED QUESTIONS section of the application and click **NEXT**.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Center Information | Name: IMAGINARY PRESCHOOL | Application No: 20171221000274 | Application Type: Day Care (Initial)

### Detailed Questions

\*Have the required criminal records checks and child abuse central registry checks been submitted or completed on everyone working in the facility?

\*Have the required criminal records checks and child abuse central registry checks been submitted or completed on all persons volunteering 120 hours or more within three days of reaching 120 volunteer hours?

\*Do you have a staff person currently certified in First Aid and CPR present at the facility at all times?

\*Do you prepare meals in your facility?

<< Previous    Next >>

26. Review the list of REQUIRED DOCUMENTS. **Note: These documents are not necessary to complete the application, but are required before a Child Care License can be issued.**

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Center Information | Name: IMAGINARY PRESCHOOL | Application No: 20171221000274 | Application Type: Day Care (Initial)

### Required Documents

This list will be emailed to you along with your payment confirmation once your application has been submitted and you have completed the payment process. **Application will not be completed until the following items have been submitted to the address below.**

**Mailing Address**  
MSDH - Child Care Licensure Division  
PO Box 1700  
Jackson, MS 39215-1700

**Required documentation:**

- Arrival & Departure Procedures
- Certificate of Occupancy
- Daily Schedule of Activities
- Director Letter of Suitability
- Director Qualifications
- Director's Orientation Training Certificate
- Discipline Policy
- Emergency Policy
- Emergency Transportation Policy
- Fire Inspection - Form 333
- Floor Plans
- Form # 121
- Lead Testing - Building
- Lead Testing - Playground
- Liability Statement
- Menu - 2 week cycle
- Playground Safety Training Certificate
- Privilage Tax License

27. Select YES to acknowledge that you understand that all required documents must be submitted before a Child Care License can be issued. Then click **NEXT**.

- Transportation Policy  
- Waster Water Approval  
- Water Approval  
- Zoning Approval

Additional required documentation:  
You require no documents from this category.

\*  YES By selecting YES, I understand that in order to complete my application, the required supporting documentation must be received by the Health Facilities Licensure Division office at the address above.

<< Previous    Next >>

28. Read the AFFIDAVIT closely. Type the name of the PERSON COMPLETING THE APPLICATION and select **YES**. Then click **NEXT**.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Center Information    Name: IMAGINARY PRESCHOOL    Application No: 20171221000274    Application Type: Day Care (Initial)

Emergency Sites  
Owners  
Directors  
First Aid/CPR  
Food Manager  
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**AFFIDAVIT**  
(Read Carefully)

I, the undersigned, do solemnly swear or affirm that I am the authorized individual to make application for license. I certify that all the statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand Regulations Governing Licensure of Child Care Facilities and affirm that all conditions for licensure have been met and will be maintained. I further agree not to transfer ownership, sell the child care facility, modify the structure, or change the location of the facility/service without first notifying the Child Care Facilities Licensure Branch of the Mississippi State Department of Health.

\* Jane Doe  
Signature of Applicant

\*  YES By selecting YES, I am agreeing that I have read and agree to the AFFIDAVIT above.

<< Previous    Next >>

29. Review the application for any necessary corrections.

Please review the summary screen and check for accuracy.

[\[Edit Center Information\]](#)

**Center Information**

\* Center Name: IMAGINARY PRESCHOOL  
Type of Organization: LLC  
Website:  
\* EIN/SSN: 111111111    SSN  
\* Name Used to Register for Federal/Employee Identification Number: JANE DOE

**Mailing Address:**  
\* Country: United States of America  
\* Address Line 1: 100 PRETEND PLACE  
Address Line 2:  
\* Zip: 39211  
\* City: Jackson

30. Once you have reviewed the application, select **YES** on the STATEMENT OF COMPLIANCE. Save a copy of your application, and click **SUBMIT APPLICATION** to submit the application to the MSDH Division of Child Care Licensure.

\* Jane Doe  
Signature of Applicant

\* YES By selecting YES, I am agreeing that I have read and agree to the AFFIDAVIT above.

**Statement of Compliance**

\*  YES Do you certify that if granted a license, you understand that you are required to comply with Mississippi State Department of Health's licensure laws?

Save/Preview Your Application

<< Previous

Submit Application

A representative from the MSDH Division of Child Care Licensure will contact you regarding follow up steps to the Child Care License process. **Note: The initial licensing process may take up to 90 days after the application is SUBMITTED.**