



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
RESIDENTIAL PROGRAM UNIT

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE PURSUANT TO 13 CSR 35-71.020.**

- 1. Evidence of compliance with local building and zoning requirements
- 2. A floor plan of the proposed site in which the specific use of each room is identified
- 3. A signed copy of the civil rights agreement (See Form RPU-32)
- 4. A chart depicting the agency's organizational structure and lines of supervision;
- 5. Written policies and procedures established by the board of directors which clearly set forth the authority and the responsibilities delegated to the executive director;
- 6. A copy of the articles of incorporation;
- 7. A copy of the bylaws;
- 8. A copy of the board roster including the mailing address and place of employment of each member and a list of board officers;
- 9. A proposed budget for a period of not less than one (1) year;
- 10. Verification of not less than three (3) month's operating capital;
- 11. A written intake policy;
- 12. Written identification of specific program models or designs which shall include the methods of care and treatment to be provided;
- 13. Job title, job description and minimum qualifications for all staff;
- 14. A projected staffing plan for the anticipated capacity;
- 15. Written child abuse and neglect reporting policy;
- 16. Written personnel practices, including staff training and orientation;
- 17. Annual written plan for staff training;
- 18. Written discipline policy;
- 19. Written visitation policy;
- 20. Written health care policy;
- 21. Written restraint policy which shall include identification of all methods to be used and documentation of training utilizing a recognized restraint training program;
- 22. A needs assessment conducted and submitted as evidence of need for the type and scope of program proposed.
- 23. Evidence of compliance with fire safety requirements of the State Fire Marshall;
- 24. Documentation that each operating site's food service, water supply and sewage disposal system is in compliance with the requirements of the Department of Health and Senior Services and/or any local applicable ordinances;
- 25. Verification of a physical examination for all staff working directly with children completed by a licensed physician, certified nurse practitioner, advanced practice nurse in a collaborative agreement with a licensed physician or a registered nurse who is under the supervision of a licensed physician, shall be submitted within thirty (30) days of initial licensure using the form prescribed by the division. (Attached is Form RPU-10, Personnel Report-Residential Treatment Agency to report this information);
- 26. Verification of DSS eligibility letter for all staff and volunteers. See attached RPU-10 to report this information;
- 27. Verification of the education and experience for all administrative and professional staff. Submit a copy of the resume for all administrative and professional staff;
- 28. Written description of the recreational program, and the manner in which staff are qualified and prepared to create, organize and supervise them;
- 29. A copy of the Personnel Manual for the Agency;
- 30. A copy of the Program Manual for the Agency;
- 31. For any agency operating a swimming pool on grounds, documentation that the pool is operated and maintained in accordance with all applicable local ordinances and/or state guidelines;
- 32. Written volunteer policies;
- 33. Written confidentiality policy;
- 34. Written policy for the use of locked isolation;
- 35. Written instructions for fire and other emergency evacuations;
- 36. Written description of the agency's religious requirements and practices;
- 37. Written policies governing the use of psychotropic medication;
- 38. Proof that medical records are maintained for each child
- 39. A copy of any newsletter, brochure, or flyer used by the agency for fundraising or marketing purposes;
- 40. Documentation of insurance for the agency for professional and commercial liability, workers' compensation insurance, fire and disaster insurance, and agency vehicle insurance and;
- 41. Name, phone number, and email address for Reasonable and Prudent Parenting Liaison

**SPECIFIC TO MATERNITY CARE PURSUANT TO 13 CSR 35-71.120(1-5):**

- 1. Written description of the program;
- 2. Written financial policies and expectations;
- 3. Written plan for all deliveries.
- 4. Written training plan specific to maternity care;
- 5. Verification of staff certification in infant CPR