



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Instructions for Renewing a Child Care License (March 2018)

1. Go to www.healthmys.com and then click the link for **LICENSURE**.

The screenshot shows the Mississippi State Department of Health website. The top navigation bar includes the department logo, social media icons for Facebook, Twitter, and Instagram, an 'info' icon, and links for 'LOCATIONS', 'CONTACT', 'TOPICS A-Z', and 'SEARCH'. A large green banner on the right side features the text 'Every year, the flu is different' and 'Flu severity is hard to predict. Be prepared with a flu vaccination.' Below this banner is a 'LEARN MORE' button. The left-hand navigation menu is highlighted, with an orange arrow pointing to the 'Licensure' link. Other menu items include 'Regulation', 'Public Services', 'Disease Control', 'Data and Statistics', and 'Health and Safety Topics'. Below the navigation menu, there is a sign-up form for MSDH news and alerts, and four columns of featured content: 'Flu Shots and Prevention', 'WINTER WEATHER SAFETY', 'NEW CHILD CARE DATABASE', 'LEAD AND JACKSON WATER', 'POPULAR TOPICS', 'HEALTHY LIVING', and 'NEWS AND EVENTS'.

2. Click the **CHILD CARE LICENSE RENEWAL** link on the right side of the screen.

The screenshot shows the Mississippi State Department of Health website with the 'Child Care & Youth Camps' section expanded. The top navigation bar is the same as in the previous screenshot. The left-hand navigation menu is visible, with 'Licensure' selected. The 'Child Care & Youth Camps' section is highlighted in green and contains the following 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 'Child Care License Renewal' link. Below this section, there are four columns of featured content: 'Flu Shots and Prevention', 'WINTER WEATHER SAFETY', 'NEW CHILD CARE DATABASE', 'LEAD AND JACKSON WATER', 'POPULAR TOPICS', 'HEALTHY LIVING', and 'NEWS AND EVENTS'.

3. After you have reviewed the information on the page, begin by clicking the **BEGIN CHILD CARE LICENSE RENEWAL APPLICATION** link.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care License Renewal

Regulation & Licensure

Child Care & Youth Camps

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Breastfeeding

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New Crib Standards

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Physical Activity in Child Care

Provider Training

Regulations & Guidelines

Safe Sleep

Child care facility licenses must be renewed **each year**. A license expires exactly one year from when the previous license was issued. Online renewal is now available.

Providers will receive reminders via email at 90, 60, and 30 days prior to the expiration of the license.

Steps to Renewal

There are four steps to completing the license renewal process:

1. Complete a [license renewal application](#) online (see link below). You must use the PIN number that was provided to you by MSDH to complete the renewal application.
2. Pay the required license renewal fee. There is no fee for renewal applications. Payments are made online via the MSDH online system. *Note: a \$25.00 late fee* will be assessed for applications not completed online that are not submitted at least 30 days prior to license expiration.
3. Submit any and all certificates of inspection and approval that are required by the licensing official.
4. Once the renewal application, application fee, and required documentation have been processed, the provider will be able to print out their license via the MSDH online system.

Renew Online

► [Begin child care license renewal application](#)

4. Enter your credentials including the last four digits of your license number and the unique PIN number provided to you by MSDH. Then click **SUBMIT**.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Licensing

FAQ

Contact Us

* indicates a required field.

Login

* License Type

* License Number

* PIN

Submit

Note: If you do not know your PIN number, please contact your licensing official to retrieve it.

5. Enter/update the facility or owner's email address. If no changes are required, simply input your email address as it is registered with MSDH. Then click **SAVE**.

The screenshot shows the Mississippi State Department of Health website header with the logo and name. A left sidebar contains links for 'Licensing', 'FAQ', and 'Contact Us'. The main content area features a form titled 'Enter/Update your e-mail address'. At the top of the form is a note: '* indicates a required field.' Below this is a text input field labeled '* Email' with a yellow highlight. A blue 'Save' button is positioned below the input field, with an orange arrow pointing to it from the right.

6. On the WELCOME SCREEN, you will see a list of links on the left side of the screen. To begin a renewal application, click the **RENEW LICENSE** link.

The screenshot shows the 'WELCOME SCREEN' of the Mississippi State Department of Health website. The header includes the logo and name. A left sidebar contains a list of navigation links: 'Licensing Home', 'Renew License', 'General Information', 'Manage Contacts', 'Pay Balance', 'Print License', 'Payment Tracking', 'Report Changes', 'FAQ', 'Contact Us', and 'Logout'. An orange arrow points to the 'Renew License' link. The main content area displays a welcome message in a box: 'Welcome to the Mississippi State Department of Health Licensing application and renewal website. This site was developed to service your licensing needs quickly, safely, and securely. The links on your left will navigate you through the site.' Above the message, there are two blacked-out fields labeled '(DISTRICT V)' and '(ACTIVE)', and a 'Day Care' link on the right.

7. Select the facility or facilities for which you wish to submit a renewal application, and click **NEXT**.

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Renewal Home | [REDACTED] (DISTRICT V) | [REDACTED] (ACTIVE) | Day Care

Licensing Home

Select licenses for renewal:

Day Care [REDACTED]

Before you begin, you will need 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 offering of the state's eGovernment program. A processing fee, in addition to a \$1.00 service fee for each license being renewed, will be added to your total once you have completed the renewal process. For questions about the ms.gov order total, contact (877)290-9487.

Next >>

Note: The renewal fee must be paid before a renewal application can be submitted. Payment will be due at the time the application is submitted. Please have your form of payment ready before beginning the renewal application process.

8. Review all information for your facility. Make any changes/updates before submitting the application.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Renewal Home | [REDACTED] (DISTRICT V) | [REDACTED] (PENDING) | Day Care

Licensing Home

Center Information

* Center Name: [REDACTED]

Type of Organization: << Select One >>

Website: [REDACTED]

* EIN/SSN: [REDACTED] EIN

* Name Used to Register for Federal/Employee Identification Number: [REDACTED]

Mailing Address:

* Country: United States of America

* Address Line 1: [REDACTED]

Address Line 2: ENTER ADDRESS 2

* Zip: [REDACTED]

* City: [REDACTED]

* State: Mississippi

County: [REDACTED]

Please contact Mississippi Department of Health if you need to change the physical address of your center.

Physical Address:

* Country: United States of America

* Address Line 1: [REDACTED]

Address Line 2: [REDACTED]

* Zip: [REDACTED]

* City: [REDACTED]

* State: Mississippi

County: [REDACTED]

9. VERY IMPORTANT – If the physical address of the facility changed for any reason, YOU MUST CONTACT YOUR LICENSING OFFICIAL IMMEDIATELY. A LICENSE CANNOT BE TRANSFERRED OR RENEWED TO A DIFFERENT LOCATION. A NEW APPLICATION AND NEW LICENSE WILL HAVE TO BE ISSUED TO THE FACILITY

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Renewal Home | (DISTRICT V) | (PENDING) | Day Care

Center Information

* Center Name: [REDACTED]
 Type of Organization: << Select One >>
 Website: [REDACTED]
 * EIN/SSN: [REDACTED] EIN
 * Name Used to Register for Federal/Employee Identification Number: [REDACTED]

Mailing Address:
 * Country: United States of America
 * Address Line 1: [REDACTED]
 Address Line 2: ENTER ADDRESS 2
 * Zip: [REDACTED]
 * City: [REDACTED]
 * State: Mississippi
 County: [REDACTED]

Physical Address:
 * Country: United States of America
 * Address Line 1: [REDACTED]
 Address Line 2: [REDACTED]
 * Zip: [REDACTED]
 * City: [REDACTED]
 * State: Mississippi
 County: [REDACTED]

Please contact Mississippi Department of Health if you need to change the physical address of your center.

10. MAKE SURE THAT ALL INFORMATION IS COMPLETED FOR EACH SECTION BEFORE SUBMITTING THE RENEWAL APPLICATION. YOUR LICENSING OFFICIAL WILL CONTACT YOU IF NOT ALL INFORMATION IS COMPLETED. Make sure that all information is completed for each section before submitting the renewal application. Your licensing official WILL contact you if all information is not completed because it is required that all information be entered before your license can be renewed.

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 06:00 AM to 11:00 PM
 Saturday 06:00 to 06:00
 Sunday 06:00 to 06:00
 Other Hrs Sunday Saturday

Is this facility accredited by a national organization? No Yes Please choose: << Select One >>

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

Service Details


- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Full Day | <input type="checkbox"/> Half Day Morning | <input type="checkbox"/> Half Day Morning & Afternoon |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other -Ex. teen care parenting | <input checked="" type="checkbox"/> School Age After School |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Hourly Care (Only) |
| <input type="checkbox"/> Summer Day | <input type="checkbox"/> Half Day Afternoon | <input type="checkbox"/> 24 Hour |

Note: For each age group that you are serving please enter the total number of children in that group in the first box and then enter the number of special needs children if any in the second box.


<input checked="" type="checkbox"/> Serve Infants?	Infant Count	<input type="text" value="3"/>	Spl. Needs Count in Infants	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Serve 1's?	1's Count	<input type="text" value="2"/>	Spl. Needs Count in 1's	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Serve 2's?	2's Count	<input type="text" value="7"/>	Spl. Needs Count in 2's	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Serve 3's?	3's Count	<input type="text" value="8"/>	Spl. Needs Count in 3's	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Serve 4's?	4's Count	<input type="text" value="2"/>	Spl. Needs Count in 4's	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Serve Pre-Sch 5's?	Pre-Sch 5's Count	<input type="text" value="5"/>	Spl. Needs Count in Pre-Sch 5's	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Serve 5 to 9's?	5 to 9's Count	<input type="text" value="20"/>	Spl. Needs Count in 5 to 9's	<input type="text" value="0"/>
<input type="checkbox"/> Serve 10 to 12's?	10 to 12's Count	<input type="text" value="0"/>	Spl. Needs Count in 10 to 12's	<input type="text" value="0"/>
<input type="checkbox"/> Serve Spl. Needs?	Spl. Needs Count	<input type="text" value="0"/>		
	Total Count	<input type="text" value="47"/>		

Caregivers Service Staff Admin Staff Total

11. VERY IMPORTANT – If a change in maximum capacity is expected, you MUST CONTACT YOUR LICENSING OFFICIAL BEFORE SUBMITTING THE RENEWAL APPLICATION. The Licensing Official will conduct an inspection if the facility owner wishes to increase the maximum capacity of the facility. An inspection may also need to be conducted if maximum capacity is decreased.

* Maximum capacity: 

If a change to maximum capacity is desired, please contact your licensing official before submitting this application.


* License capacity: 

Note: Be sure to select the correct LICENSE CAPACITY and License Renewal Fee for your facility. Not paying the correct amount could hinder the renewal process.


12. Once you have reviewed/updated all information click **NEXT**.

* Maximum capacity:

If a change to maximum capacity is desired, please contact your licensing official before submitting this application.

* License capacity: 

List all physical changes in the facility in the last 12 months:



13. If you have not already done so, you must include a 1-mile and 5-mile emergency relocation site in case your facility must be evacuated. To add these sites, first, click **ADD EMERGENCY SITE**.

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Emergency Sites

The following location types are required:

- Emergency (1 mile)
- Emergency (5 mile)

No records available.

Add Emergency Site

<< Previous Next >>

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

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Add/Edit Emergency Site

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

Save **Cancel**


15. Verify that the listed DIRECTOR/s and ALTERNATE DIRECTOR/s are entered correctly. If no DIRECTOR/s are shown click ADD DIRECTOR.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Renewal Home | [REDACTED] (DISTRICT V) | [REDACTED] (PENDING) | Day Care
 Licensing Home

Directors & Alternate Directors

	Type	Name	Address	Phone & Email
Edit Delete	Primary Director	[REDACTED]	[REDACTED]	[REDACTED] (WORK)
Edit Delete	Primary Alternate Director	[REDACTED]	[REDACTED]	[REDACTED] (WORK)
Edit Delete	Primary Alternate Director	[REDACTED]	[REDACTED]	[REDACTED] (WORK)

<< Prev  Add Director Next >>

16. Enter all details for the facility DIRECTOR and click SAVE.

Add/Edit Director

* Type: Director

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

Salutation: Ms.

* First Name: JUNE
 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
 * Date of Birth: 11/02/1982

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

 Save Cancel

17. Once all DIRECTOR information has been correctly entered, click **NEXT**.

Renewal Home
Licensing Home

(DISTRICT V) (PENDING) Day Care

Directors & Alternate Directors

	Type	Name	Address	Phone & Email
Edit Delete	Primary Director			(WORK)
Edit Delete	Primary Alternate Director			(WORK)
Edit Delete	Primary Alternate Director			(WORK)

<< Previous Cancel Add Director Next >>

18. Repeat this process for CPR CONTACT, FIRST AID CONTACT, and FOOD SAFETY MANAGER CONTACT.

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

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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 >>

20. The next screen will show a list of any additional documents that may need to be submitted to MSDH Child Care Licensure before your license can be renewed. Instructions for mailing these documents are also displayed on this screen. Select **YES** to verify that you understand any additional required documents must be submitted before your renewal application to be complete. Click **NEXT**.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Renewal Home (DISTRICT V) (PENDING) Day Care
Licensing Home

Required Documents

Application **MUST** be accompanied by the following items:

This following list (if any) will be emailed to you along with your confirmation once your application has been submitted. Please send the documents to the following address:

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

Required documentation:
You require no documents from this category.

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 Cancel Next >>

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

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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 >>

22. 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

23. Once you have reviewed the application, click **SUBMIT RENEWAL**.

[\[Agree & Sign Affidavit\]](#)

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

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

Save/Preview Your Renewal Application

<< Back Cancel

Submit Renewal

24. After submitting the application, you will be directed to pay your license renewal fee. Once your renewal application has been submitted and the license renewal fee has been paid, a Licensing Official will conduct a renewal inspection onsite at your facility. If that inspection is passed, you will receive a renewed Child Care License.