



Exempt Program Listing Packet: Providers Registered to Accept Child Care Subsidy

In order to be listed in Child Care Aware® of Missouri's referral database, exempt child care programs must submit an Exempt Program Listing Packet. As a provider currently registered to accept child care subsidy, you have been provided a condensed version of this packet. Complete each portion and return it to the address at the bottom of the page. Once we receive your completed packet, you will be listed in our referral database. You will receive a renewal packet each year to update your information and certify that your program still meets Child Care Aware® of Missouri's exempt program listing standards. Please contact Child Care Aware® of Missouri with any questions regarding this packet.

Child Care Personnel must submit:

- A completed Program Information Form
- A signed Listing Agreements Form
- A copy of your Certificate of Registration from the Missouri Department of Social Services

Return all completed information to:

Child Care Aware® of Missouri
1000 Executive Parkway Drive
Suite 103
Saint Louis, MO 63141
1-800-892-3228



Child Care and Early Learning Program Information Form

To be completed by director or owner only. Keep a completed copy for your records.

Mail to: Child Care Aware® of Missouri
1000 Executive Parkway Drive, Suite 103
St. Louis, Missouri 63141

OR Fax to: (314)754-0330 OR Scan and email to: referralcenter@mo.childcareaware.org

+ Contact Information

Business Name: _____ DBA: _____

Address: _____ Director/Owner: _____

City: _____ Contact Title: _____

State: _____ Primary phone number: _____

Zip Code: _____ Secondary phone number: _____

County: _____ Fax number: _____

Website: _____

Primary email: _____

Email we can share with families needing child care: _____

If you receive mail at a different address, please provide this mailing address below.

Mailing address: _____ Mailing State: _____

Mailing city: _____ Mailing Zip: _____

+ Our Schedule

Operating hours:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

Year Schedule:

Full Year

School Year Only

Summer Only

Scheduling Options:

- | | |
|--|---|
| <input type="checkbox"/> Full-time Preschool Care | <input type="checkbox"/> Part-time Preschool Care |
| <input type="checkbox"/> Full-time Infant/Toddler Care | <input type="checkbox"/> Part-time Infant/Toddler Care |
| <input type="checkbox"/> Before and/or After School Care (for school-age children) | <input type="checkbox"/> Summer Program (for school-age children) |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Drop-in Care |
| <input type="checkbox"/> Overnight/24 Hour Care | <input type="checkbox"/> Temporary or Emergency Care |
| <input type="checkbox"/> Open Federal Holidays | |

+ Ages, Capacity, and Rates

Ages Cared For:

From: _____ years _____ months
 To: _____ years _____ months

Licensed Capacity: _____

Desired Enrollment: _____

Payment Assistance:

- | | |
|---|---|
| <input type="checkbox"/> MO Subsidy (DSS) | <input type="checkbox"/> Income-based Tuition (sliding fee) |
| <input type="checkbox"/> Foster Care Subsidy | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> IL Subsidy | <input type="checkbox"/> Military Assistance |
| <input type="checkbox"/> KS Subsidy | <input type="checkbox"/> Hourly Rate Options |
| <input type="checkbox"/> Multi Child Discount | <input type="checkbox"/> None Applicable |

Additional Fees:

- | | |
|---|--|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Other |
| <input type="checkbox"/> Supply Fee | <input type="checkbox"/> None Applicable |
| <input type="checkbox"/> Transportation Fee | |

Weekly Rates:

Infant (0-12 months)	\$
One Year Old	\$
Two Years Old	\$
Three to Five Years Old	\$
Kindergarten & School Age	\$

+ About Our Program

Transportation

- | | |
|--|--|
| <input type="checkbox"/> Program Transports to/from school | <input type="checkbox"/> Near public transportation |
| <input type="checkbox"/> Program Transports to/from home | <input type="checkbox"/> Walking distance to/from school |
| <input type="checkbox"/> By School's bus to/from program | <input type="checkbox"/> No transportation |

Curriculum

- | | |
|--|--|
| <input type="checkbox"/> Creative Curriculum | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> HighScope | <input type="checkbox"/> A Beka |
| <input type="checkbox"/> Emerging Language & Literacy Curriculum | <input type="checkbox"/> Religious _____ |
| <input type="checkbox"/> Project Construct | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reggio | <input type="checkbox"/> None Applicable |

Primary Language Used: _____ Secondary Language Used: _____

Activities

- | | |
|---|--|
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Sports programs |
| <input type="checkbox"/> Computers for children | <input type="checkbox"/> Opportunities for cooking |
| <input type="checkbox"/> Foreign language instruction | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Music instruction | <input type="checkbox"/> Toilet learning |
| <input type="checkbox"/> Gymnastic instruction | <input type="checkbox"/> None Applicable |

Family Involvement:

- | | |
|---|---|
| <input type="checkbox"/> Family Volunteer Opportunities | <input type="checkbox"/> Family Communication App |
| <input type="checkbox"/> Family-Teacher Conferences | <input type="checkbox"/> Program Newsletter |
| <input type="checkbox"/> Family Events | <input type="checkbox"/> None Applicable |
| <input type="checkbox"/> Daily Communication Sheets | |

Environment

- Outdoor play area
- Fenced yard
- Outdoor classroom
- No pets
- Pets away from children
- Pets interact with children
- Smoke-free
- Air conditioned
- Videocam monitoring
- Security system
- Intergenerational learning
- None Applicable

Meals

- Breakfast
- Lunch
- Snacks
- Dinner
- Family to provide meals
- Family style dining
- Field/Garden-to-table
- Accommodates special diets
- Adequate Breastfeeding Space
- Program provides formula, baby cereal and/or baby food
- CACFP-USDA Food Program Member
- None Applicable

+ Credentials

Regulation:

License ID: _____

- Licensed
- License-Exempt
- Exempt

Recognitions:

- Staff CPR/First Aid Certified
- Safe Sleep Training

+ Special Needs

Program Has Experience With:

Autism

Environmental Allergies

ADHD

Asthma

Hearing Impairment

Diabetes

Visual Impairment

Other: _____

Food allergies

None Applicable

General Support:

Wheelchair Access

Breathing treatments/Inhalers

Walker Access

Therapists Welcome

Administer Medication

None Applicable

Child Care Aware® of Missouri reserves the right, its sole and absolute discretion, to make an independent decision regarding the listing, or exclusion, of any provider. Program information may be shared with funders. Complaints about a program's services should be referred to the Department of Social Services and the Department of Health and Senior Services as deemed necessary.

I have read the above statement and understand Child Care Aware® of Missouri's listing policies.

Signature: _____ Date: _____



Child Care Aware® of Missouri Agreements

Please carefully read the following agreements for exempt child care programs listing with Child Care Aware® of Missouri. By initialing the statements below, you affirm that your child care program complies with the following conditions set forth by Child Care Aware® of Missouri.

___ I agree to practice enrollment/hiring policies, which do not discriminate based on race, color, ethnicity, national origin, age, pregnancy/parenthood, gender, religion, disability, or sexual preference.

___ I will notify Child Care Aware® of Missouri of any changes in my information such as my phone number, address, licensing status, and household members.

___ I understand that Child Care Aware® of Missouri reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or excluding, of any provider with the resource and referral service.

___ I understand that complaints about my service will be investigated or referred to the Department of Social Services or Department of Health and Senior Services as deemed necessary.

___ I understand I am responsible for self-reporting any instances of child abuse and neglect, criminal activity, or child fatalities related to the children in my care to Child Care Aware® of Missouri, the Section for Child Care Regulation, local law enforcement, coroner, etc. for investigation and questioning.

By completing and signing this agreement, I understand what is expected of me as a caregiver and my child care program meets the conditions necessary to be listed in the Child Care Aware® of Missouri database. I will uphold this agreement and understand it is my responsibility to enforce these standards with all caregivers in my program.

Signature: _____ Date: _____