



Two-Thousand Days to Make a Difference

Child Care Aware® of Missouri Resource and Referral Listing Requirements for Public Schools

In order to be listed in Child Care Aware® of Missouri's referral database, public schools must submit a Public School Listing Packet. Please submit this information by mail, email, or fax to Child Care Aware® of Missouri. Once we receive your completed packet, you may be listed in our referral database. Each year, you will be required to update your information and certify that your program still meets Child Care Aware® of Missouri's public school listing standards. Please contact Child Care Aware® of Missouri at 1-866-892-3228 with any questions regarding this packet.

Return this packet to:

Child Care Aware® of Missouri
955 Executive Parkway Drive, Suite 106
St. Louis, Missouri 63141

Or Email to: referralcenter@mochildcareaware.org

Or Fax to: (314)754-0330

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
955 Executive Parkway Drive, Suite 106
St. Louis, Missouri 63141

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

- Family Volunteer Opportunities
- Family-Teacher Conferences
- Family Events
- Daily Communication Sheets

- Family Communication App
- Program Newsletter
- None Applicable

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:

DVN (if applicable): _____

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

Additional Agreements

___ 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, or licensing status.

___ 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 program with the resource and referral service.

___ I understand that complaints about the program may be referred to the Department of Social Services, Department of Elementary and Secondary Education, or other appropriate agency as deemed necessary.

___ I understand that myself and my employees are responsible for self-reporting any instances of child abuse and neglect, criminal activity, or child fatalities related to the children in care to the Department of Elementary and Secondary Education, Department of Social Services, local law enforcement, coroner, etc. for investigation and questioning.

By completing and signing this agreement, I understand what is expected and certify that my 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 employees in my program.

Signature: _____ Date: _____

