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
1000 Executive Parkway Drive, Suite 103
St. Louis, Missouri 63141

Or Email to: referralcenter@mo.childcareaware.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
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

<table>
<thead>
<tr>
<th>+ Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name: __________________________</td>
</tr>
<tr>
<td>Address: _______________________________</td>
</tr>
<tr>
<td>City: ___________________________________</td>
</tr>
<tr>
<td>State: _________________________________</td>
</tr>
<tr>
<td>Zip Code: _____________________________</td>
</tr>
<tr>
<td>County: _______________________________</td>
</tr>
<tr>
<td>Website: __________________________________</td>
</tr>
<tr>
<td>Primary email: __________________________________</td>
</tr>
<tr>
<td>Email we can share with families needing child care: __________________________</td>
</tr>
</tbody>
</table>

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

| Mailing address: __________________________ | Mailing State: __________________________ |
| Mailing city: ____________________________ | Mailing Zip: ____________________________ |

+ Our Schedule

<table>
<thead>
<tr>
<th>Operating hours:</th>
<th>Year Schedule:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday __________ to __________</td>
<td>□ Full Year</td>
</tr>
<tr>
<td>Tuesday __________ to __________</td>
<td>□ School Year Only</td>
</tr>
<tr>
<td>Wednesday __________ to __________</td>
<td>□ Summer Only</td>
</tr>
<tr>
<td>Thursday __________ to __________</td>
<td></td>
</tr>
<tr>
<td>Friday __________ to __________</td>
<td></td>
</tr>
<tr>
<td>Saturday __________ to __________</td>
<td></td>
</tr>
<tr>
<td>Sunday __________ to __________</td>
<td></td>
</tr>
</tbody>
</table>
Scheduling Options:

- [ ] Full-time Preschool Care
- [ ] Full-time Infant/Toddler Care
- [ ] Before and/or After School Care (for school-age children)
- [ ] Flexible
- [ ] Overnight/24 Hour Care
- [ ] Open Federal Holidays
- [ ] Part-time Preschool Care
- [ ] Part-time Infant/Toddler Care
- [ ] Summer Program (for school-age children)
- [ ] Drop-in Care
- [ ] Temporary or Emergency Care

+ Ages, Capacity, and Rates

Ages Cared For:
From: _______years _______months
To: ______years _______months

Licensed Capacity: ______________________
Desired Enrollment: ______________________

Payment Assistance:
- [ ] MO Subsidy (DSS)
- [ ] Foster Care Subsidy
- [ ] IL Subsidy
- [ ] KS Subsidy
- [ ] Multi Child Discount
- [ ] Income-based Tuition (sliding fee)
- [ ] Scholarships
- [ ] Military Assistance
- [ ] Hourly Rate Options
- [ ] None Applicable

Additional Fees:
- [ ] Registration Fee
- [ ] Supply Fee
- [ ] Transportation Fee
- [ ] Other
- [ ] None Applicable
Weekly Rates:

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (0-12 months)</td>
<td>$</td>
</tr>
<tr>
<td>One Year Old</td>
<td>$</td>
</tr>
<tr>
<td>Two Years Old</td>
<td>$</td>
</tr>
<tr>
<td>Three to Five Years Old</td>
<td>$</td>
</tr>
<tr>
<td>Kindergarten &amp; School Age</td>
<td>$</td>
</tr>
</tbody>
</table>

+ About Our Program

Transportation

- Program Transports to/from school
- Program Transports to/from home
- By School’s bus to/from program
- Near public transportation
- Walking distance to/from school
- No transportation

Curriculum

- Creative Curriculum
- HighScope
- Emerging Language & Literacy Curriculum
- Project Construct
- Reggio
- Montessori
- A Beka
- Religious ______________________
- Other ______________________
- None Applicable

Primary Language Used: ______________________ Second Language Used: ______________________

Activities

- Field trips
- Computers for children
- Foreign language instruction
- Music instruction
- Gymnastic instruction
- Sports programs
- Opportunities for cooking
- Gardening
- Toilet learning
- 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 Health and Senior Services, 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 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 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: ________________