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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
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<tr>
<td>County</td>
<td></td>
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<tr>
<td>DBA</td>
<td></td>
</tr>
<tr>
<td>Director/Owner</td>
<td></td>
</tr>
<tr>
<td>Contact Title</td>
<td></td>
</tr>
<tr>
<td>Primary phone number</td>
<td></td>
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<tr>
<td>Secondary phone number</td>
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<tr>
<td>Fax number</td>
<td></td>
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<tr>
<td>Website</td>
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<tr>
<td>Primary email</td>
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<tr>
<td>Email we can share with families needing child care</td>
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## If you receive mail at a different address, please provide this mailing address below.

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Mailing address</td>
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<tr>
<td>Mailing city</td>
<td></td>
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<tr>
<td>Mailing State</td>
<td></td>
</tr>
<tr>
<td>Mailing Zip</td>
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</tbody>
</table>

## Our Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Operating hours</th>
<th>Year Schedule:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>________ to ________</td>
<td>□ Full Year</td>
</tr>
<tr>
<td>Tuesday</td>
<td>________ to ________</td>
<td>□ School Year Only</td>
</tr>
<tr>
<td>Wednesday</td>
<td>________ to ________</td>
<td>□ Summer Only</td>
</tr>
<tr>
<td>Thursday</td>
<td>________ to __________</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>________ to ________</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>________ to ________</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>________ 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 Group</th>
<th>Weekly Rate</th>
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<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: ________________________  Secondary 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:
License ID: _______________________

- Licensed
- License-Exempt
- Exempt

Recognitions:
- Staff CPR/First Aid Certified
- Safe Sleep Training
Program Has Experience With:

- Autism
- ADHD
- Hearing Impairment
- Visual Impairment
- Food allergies

- Environmental Allergies
- Asthma
- Diabetes
- Other: ___________________________
- None Applicable

General Support:

- Wheelchair Access
- Walker Access
- Administer Medication
- Breathing treatments/Inhalers
- Therapists Welcome
- 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: ___________________