



# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

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To be completed by director or owner only. Please keep a completed copy for your records and mail to T.E.A.C.H. MISSOURI, 1000 Executive Parkway Dr. Ste 103, St. Louis, MO 63141 OR fax to: 866-697-8168

Business Name (on license) \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Mailing Address  Same as location address

Location Address \_\_\_\_\_

City \_\_\_\_\_ ZIP+4 \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  Please call before faxing

Website http://www. \_\_\_\_\_ Billing Address (T.E.A.C.H. Sponsors only)

Facility E-mail \_\_\_\_\_

### REGULATION STATUS (Check only one.)

- Licensed  License exempt/Inspected (Inspected and in compliance.) Circle one: Religious Organization Nursery School
- DVN \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Exempt (Legally operating and not subject to regulation.)

### AFFILIATIONS

- Non-profit  For profit  National chain  Religious  Employer/Corporate sponsored  Corporate on-site
- Head Start  Early Head Start  United Way  Public school  College/University  For employees only

### STATE FUNDED SERVICES (Check only if currently receiving funds from state government agencies related to these projects/grants.)

- AFP  Pre-Accreditation  MPP  Educare  Early Head Start  SUE  Other: \_\_\_\_\_

### ACCREDITATION STATUS

- Working on accreditation  Accredited (Circle all that apply NAEYC MOA NAFCC COA Other: \_\_\_\_\_)

### CURRICULUM USED

- Religious: \_\_\_\_\_  Creative Curriculum  Project Construct  Montessori  Other: \_\_\_\_\_

### OPERATING SCHEDULE

	Time Open	Time Close	Schedule Type
Monday	_____ a.m.	_____ p.m.	<input type="checkbox"/> Full time (30+ hrs/wk) <input type="checkbox"/> Part time (under 30 hrs/wk)
Tuesday	_____ a.m.	_____ p.m.	<input type="checkbox"/> Part time for under 2 only
Wednesday	_____ a.m.	_____ p.m.	<b>Day Schedule</b> <input type="checkbox"/> All day <input type="checkbox"/> Overnight <input type="checkbox"/> Evening <input type="checkbox"/> Morning
Thursday	_____ a.m.	_____ p.m.	<input type="checkbox"/> Afternoon <input type="checkbox"/> Before school <input type="checkbox"/> After school
Friday	_____ a.m.	_____ p.m.	<b>Week Schedule</b> <input type="checkbox"/> Full wk <input type="checkbox"/> Part wk <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Rotating
Saturday	_____ a.m.	_____ p.m.	<b>Year Schedule</b> <input type="checkbox"/> Full year <input type="checkbox"/> Summer only <input type="checkbox"/> School year only
Sunday	_____ a.m.	_____ p.m.	<b>Special Schedules</b> <input type="checkbox"/> 24-hour <input type="checkbox"/> Open holidays <input type="checkbox"/> Temp/Emergency
Are you flexible on these times? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Drop-in <input type="checkbox"/> Hourly <input type="checkbox"/> Parent day out
			<input type="checkbox"/> Before 6 a.m. or after 6:30 p.m. <input type="checkbox"/> Summer programs
			<input type="checkbox"/> Before Kindergarten <input type="checkbox"/> After Kindergarten



**OFFICE USE ONLY** Initials \_\_\_\_\_ Date \_\_\_\_\_ WLS ID# \_\_\_\_\_  New Listing  Update Check one:  CCC  PS  GrpCC  S/A  FCC  Plygrp

Participant in MOCCRRN program(s):  AFP (Start date: \_\_\_\_\_)  Inclusion  PCCP  T.E.A.C.H. MO  Other \_\_\_\_\_

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## FEES & VACANCIES

Total # desired enrollment: \_\_\_\_\_ Total # currently enrolled: \_\_\_\_\_ Do you have a waiting list?  Yes  No

Ages served (Ages you will care for, not the ages you currently have in care or have vacancies for): FROM \_\_\_\_\_ wks / mos / yrs TO \_\_\_\_\_ yrs

	Fee Per Week		Desired Total Enrollment	# of Vacancies	Staff:Child Ratio	# Special Needs Children Enrolled
0 - 12 Months	\$_____ <input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time		_____	_____	_____	_____
13 - 24 Months	\$_____ <input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time		_____	_____	_____	_____
25 - 36 Months	\$_____ <input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time		_____	_____	_____	_____
37 Mos - 5 Yrs	\$_____ <input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time		_____	_____	_____	_____
5 - 12 Years	\$_____ <input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time		_____	_____	_____	_____

## OTHER FEES

Registration fee: \$\_\_\_\_\_  Transportation fee: \$\_\_\_\_\_  Supply fee: \$\_\_\_\_\_  Other: \$\_\_\_\_\_

## FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

Willing to discuss fees/adjust fees for some families  Military subsidy - # military children currently served \_\_\_\_\_  
 MO subsidy accepted - # of MO subsidy children currently served: \_\_\_\_\_  Other states' subsidy accepted (KS-SRS, IL, etc)  
 Head Start  Multi-child discount  Scholarships offered  Sliding fee scale

## MEALS PROVIDED

Breakfast  A.M. snack  Lunch  P.M. snack  Dinner  Family provides meals  Family provides snacks  
 Participate in the Child and Adult Care Food Program(CACFP)?  Yes  No For more information visit [www.fns.usda.gov/cnd/Care](http://www.fns.usda.gov/cnd/Care)

## STAFF &/OR FAMILY CHILD CARE QUALIFICATIONS

Family Child Care **Business**  
 # Classrooms \_\_\_\_\_ # Staff members \_\_\_\_\_  
 # Staff members who care for children full time \_\_\_\_\_ How many were also employed at your program 1 year ago? \_\_\_\_\_  
 # whose highest level of education is High school diploma/GED or new to the field \_\_\_\_\_  
 # whose highest level of education is Child Development Associate (CDA) Credential or some college coursework \_\_\_\_\_  
 # whose highest level of education is Associate's Degree \_\_\_\_\_  
 # whose highest level of education is Bachelor's Degree \_\_\_\_\_  
 # whose highest level of education is Graduate Degree \_\_\_\_\_  
 Is CPR/First Aid Certification required of any of these staff members?  Yes  No  
 Do any staff members speak any language(s) other than English (including Sign Language)?  Yes  No  
 If so, what language(s): \_\_\_\_\_  
 Other staff qualifications of note? \_\_\_\_\_

(The following information will not be shared at the individual or program level and will be used anonymously for purposes such as advocacy.)

Approx. salary range - Directors: \$\_\_\_\_\_ to \$\_\_\_\_\_ Lead Teachers: \$\_\_\_\_\_ to \$\_\_\_\_\_ Asst Teachers: \$\_\_\_\_\_ to \$\_\_\_\_\_



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## ENVIRONMENT

- Smoke free     Air conditioned     Pets interact with children     Pets away from children     No pets

## SPECIAL SERVICES/FEATURES

- Computers available for children     Care for mildly sick     Toilet learning     Security System     Videocam Monitoring  
 Field trips     Language class     Intergenerational     Wheelchair accessible     Other? \_\_\_\_\_

## TRANSPORTATION

- To/from home     To/from school     Walking distance to school     By bus to/from school     Near public transportation

What school district(s) does your program serve? \_\_\_\_\_

What schools are near your program? \_\_\_\_\_

## EXPERIENCE WITH SPECIAL NEEDS & INCLUSIVE SERVICES

Please check all that your child care and early learning program has experience with. Refer to the definitions on back for more details.

- Behavior Related:     Behavior Disorder     ADD/ADHD     Autism Spectrum Disorders
- Developmental Disabilities:     Developmental Delay     Motor Delay     Emotional Disorder     Drug Exposure/Fetal Alcohol Syndrome  
    Mental Retardation     Speech/Language Delay
- Medical/Genetic Disabilities:     Cerebral Palsy     Down Syndrome     Genetic Disorder     Vision Impaired/Blind  
    Hearing Impaired/Deaf     Spina Bifida     Hydrocephalus & Shunt Knowledge
- Medical Issues:     Food Allergies     Asthma     HIV/Hepatitis B     Other/Environmental Allergies  
    Catheter     Diabetes     Injections     Feeding/Gastrointestinal Tube  
    Heart Monitors     Seizure Disorder     Breathing Monitors     Breathing Treatments/Medications  
    Tracheostomy/Traechotomy
- Special Education Services:     Cognitive Therapy     First Steps     Developmental Therapy     Early Childhood Special Education  
    Occupational Therapy     Physical Therapy     Special Transportation     Speech/Language Therapy
- Staff is familiar & comfortable with:     Special Diet/Food Allergies     Wheelchair/Crutches     Sign Language  
    Adaptive Equipment (special seating, communication devices, walkers, etc.)
- Safety/Medical Services offered:     Medication administered     Therapists welcome     Liability Insurance     On-site Nurse

Other special needs experience/professional development/education: \_\_\_\_\_

I understand the Americans with Disabilities Act (ADA):     Yes     No     Unsure    For more information visit [www.ada.gov](http://www.ada.gov)

*Child Care Resource and Referral reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or excluding, of any provider. Program information may be shared with funders. Complaints about a program's services will 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 Resource and Referral's listing policies.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check if you wish to opt out of any of the described services:

\_\_\_\_\_ I do not wish to have my child care service listed on the CCR&R online database. I understand I can still be referred through telephone referrals and can have my program information added to the online listing at any time if I choose.

\_\_\_\_\_ I want to opt out of e-mail communications from CCR&R unless I specifically request information.



## DEFINITIONS

**Adaptive Equipment:** A wide array of devices that provide proper positioning to facilitate motor performance and independence.

**Allergies:** Symptoms caused by repeat exposure to any substance—food, chemical, drug, or inhalant (pollen, mold, dust, etc.).

**Americans with Disability Act:** A federal law that entitles people with disabilities to have the same rights of employment state and local public services, and public accommodations like restaurants, movie theaters, and childcare settings.

**Asthma:** Recurrent episodes of wheezing and shortness of breath caused by allergies, infection, and physical or emotional stress.

**Autism Spectrum Disorders:** Brain disorders affecting social and language skills and sometimes, mental development. Symptoms may include limited or no speech, repetitive body movement and social withdrawal. Pervasive Development Disorder (PDD) may also be included in the autism spectrum.

**Catheter:** A device used when surgery or medications cannot manage bodily functions due to illness or developmental defects.

**Cerebral Palsy:** A condition resulting from brain damage, before, during or shortly after birth, causing a lack of muscle control, which may affect walking, talking, or self care skills.

**Developmental/Cognitive Therapy:** Services provided to assist with thinking and learning skills, including, understanding and responding to others, exploring and understanding the environment, or using objects in meaningful ways.

**Developmental Delay/Disability:** A term used when there is failure to achieve age-appropriate milestones; a DELAY is typically short term and a DISABILITY is usually life long.

**Developmental Therapy:** Services provided by specialist trained to assist those with special developmental or behavioral needs.

**Diabetes:** A failure of insulin production or a failure of body cells to respond to hormones, often causing malnutrition, feeding problems, and sometimes is related to behavior.

**Down Syndrome:** A chromosomal abnormality associated with mental retardation

**Early Childhood Special Education:** A program mandated by Public Law 99-457 to provide services to children age 3-5 with significant developmental delays.

**Emotional/Behavioral Disorder:** A child may misbehave or act out physically or verbally because of emotional disturbance due to chemical imbalances or environment.

**First Steps:** An early intervention system for children birth to age three with special needs.

**Gastrointestinal Tube Feeding:** Tube which has been surgically inserted in the stomach or nose which a child is then fed through. (For problems eating by mouth).

**Hearing Impaired:** Loss of hearing which may range from mild to profound (deaf-refers to total loss of hearing).

**Hepatitis B:** A liver disease that can be a short term (acute) or long term (chronic) infection.

**HIV (Human Immunodeficiency Virus):** The human retrovirus that causes Acquired Immunodeficiency Syndrome (AIDS).

**Hydrocephalus:** "Water on the Brain." An enlargement of the ventricular system in the brain due to increase amounts of spinal fluid.

**Hyperactivity:** Neurological condition causing excessively active behavior. May include very short attention span (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder), and behavior problems.

**Inclusion:** Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.

**Mental Retardation:** Below average intellectual functioning and adaptive behavior, which affects the ability to learn. This can include Down Syndrome or other chromosomal disorders.

**Monitors:** Apnea (breathing) and heart monitors keep track of a child's heartbeat or breathing rate when they are considered at risk.

**Occupational Therapy:** The use of adaptive, work, and play activities to increase independent function, enhance development, and prevent disability. May include environmental adaptations to achieve maximum independence and enhance quality of life.

**Physical Therapy:** A discipline that deals with the assessment of gross-motor skills and disorders of movement and posture, and their treatments through various methods. Physical therapies can maximize motor development and independent functioning.

**Seizure Disorder:** Recurrent convulsions or epileptic attacks.

**Shunt:** A neurosurgical treatment for hydrocephalus. The shunt connects the ventricle of the brain with the right atrium of the heart by means of a tube with a one-way flow valve and is used to drain fluid.

**Spina Bifida:** Means an incomplete closure in the spinal column, usually in one of three varying forms, many times resulting in loss of mobility (movement) skills and bladder/bowel functions.

**Speech/Language Delay:** Difficulty pronouncing sounds or words; language is below age expected level due to difficulty understanding or the inability to communicate.

**Speech-Language Therapy:** Specializes in communication disorders including pronunciation, oral motor skills, vocabulary, and hearing.

**Sign Language:** A form of communication utilized by those who are hearing impaired

**Tracheostomy:** Tube which has been surgically inserted in the windpipe in order to assist breathing.

**Visually Impaired:** Loss of vision ranging from mild to profound (blind-refers to total lack of vision).

**Wheelchair Accessible:** A person (a child or a parent of a child) in a wheelchair is able to move with little or no difficulty through out the childcare environment, as well as, participate in many activities.