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.

\textbf{Child Care Personnel must submit:}

- A completed Program Information Form
- A completed and signed copy of the Child Care Aware® of Missouri Agreements page
- Two professional references from individuals who are familiar with your experience in child care
- A copy of your Certificate of Registration from the Missouri Department of Social Services

\textbf{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 Aware® of Missouri provides free referrals for child care and early education programs. See the listing requirements below based on your program. Please call 1-866-892-3228 for more information.

**EXEMPT** Exempt programs are legally operating programs that are not subject to state regulation. These include child care programs operated by private or public school systems, programs operated by businesses for the convenience of customers, religious organizations’ preschools exclusively for 4- to 5-year-olds, Vacation Bible Schools, and individuals who provide care in their home for six or fewer children, with no more than three children under the age of two.

**Listing Requirements:**
- Has completed and submitted Exempt Program Listing Packet

**LICENSE-EXEMPT** License-exempt child care centers and nursery schools. Religious organizations operating child care programs, nursery schools, and summer camps are exempt from licensure, but are still required by statute to be inspected for compliance with some health and safety requirements.

**Listing Requirements:**
- Current inspection on file with DHSS
- “In compliance” status with DHSS

**LICENSED** State-licensed child care centers, Head Start, group homes, and family child care homes. Programs are inspected by Department of Health and Senior Services (DHSS) for state health and safety requirements.

**Listing Requirements:**
- Current license on file with DHSS

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Child Care Aware® of Missouri provides child care referrals, not recommendations. The referrals and information families receive are a service funded by the Department of Social Services.
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: resourcecenter@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: | Year Schedule: |
| Monday ___________ to ___________ | □ Full Year |
| Tuesday ___________ to ___________ | □ School Year Only |
| Wednesday ___________ to ___________ | □ Summer Only |
| Thursday ___________ to ___________ | |
| Friday ___________ to ___________ | |
| Saturday ___________ to ___________ | |
| Sunday ___________ to ___________ | |
### 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

<table>
<thead>
<tr>
<th>Ages Cared For:</th>
<th>Licensed Capacity: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: _______ years _______ months</td>
<td>Desired Enrollment: __________________________</td>
</tr>
<tr>
<td>To: _______ years _______ months</td>
<td></td>
</tr>
</tbody>
</table>

### 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>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  ☐ Near public transportation
☐ Program Transports to/from home  ☐ Walking distance to/from school
☐ By School’s bus to/from program  ☐ 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  ☐ Sports programs
☐ Computers for children  ☐ Opportunities for cooking
☐ Foreign language instruction  ☐ Gardening
☐ Music instruction  ☐ Toilet learning
☐ Gymnastic instruction  ☐ None Applicable

Family Involvement:

☐ Family Volunteer Opportunities  ☐ Family Communication App
☐ Family-Teacher Conferences  ☐ Program Newsletter
☐ Family Events  ☐ None Applicable
☐ 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
- 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:__________________
Reference for: ____________________________

(Provider Name)

Your Name: __________________________________________ Date: ______________________

Phone: __________________________ Email Address: __________________________

Relationship to Provider: __________________________ Length of Time Known: ______________________

Please describe this provider’s specific skills in relation to child care:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

How does this provider support children’s learning and development?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

How does this provider build relationships with children and families in his/her program?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What five words best describe this provider?

○ Patient ○ Happy ○ Selfless
○ Attentive ○ Loyal ○ Humble
○ Kind ○ Assertive ○ Giving
○ Supportive ○ Helpful ○ Caring
○ Energetic ○ Wise ○ Intelligent
○ Personable ○ Responsible ○ Organized

Signature: __________________________________________ Date: ______________________
Reference for: ________________________________

(Provider Name)

Your Name: ____________________________________________ Date: ________________________

Phone: ______________________ Email Address: ______________________

Relationship to Provider: ___________________________ Length of Time Known: ______________________

Please describe this provider’s specific skills in relation to child care:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

How does this provider support children’s learning and development?

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Signature: ____________________________________________ Date: ________________________