Save

Print

Reset

☐ Dec



Months of Operation (check any that apply)

 \square Jan

Maximum number of hours a child may attend each day

Explain what type of activities your program does/will offer:

If yes, provide program(s) DVN and address_

☐ Feb

Does this owner or organization operate any other child care program(s)?

☐ Mar

Explain how you are/will be compensated for providing your service (this can include any type of funding received):

Are there other regulated child care programs located within the same building? \square Yes

☐ Apr

☐ May

☐ Jun

□ Jul

☐ Aug

☐ Sep

Number of employees' children enrolled in the program

☐ Oct

☐ Nov

☐ All 12 Months

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

OFFICE USE ONLY

DVN

PROGRAM EVALUATION QUESTIONNAIRE INSTRUCTIONS

	Office of Childhood - Child Care (Box 480, Jefferson City, M Fax: (573) 526-5345 or Email: <u>childc</u>	10 65102
IDENTIFYING INFORMATION	1 dx. (373) 320 3343 01 Email: <u>emac</u>	ure de desermongov
Name of Program		
Program Address (Street, City, State, Zip Code)		County
Mailing Address (Street, City, State, Zip Code)		Facility Phone Number
Web Address		E-mail Address
ADMINISTRATION Name of Owner(s), Organization, or Corporation ope	rating the program	
name of owner(s), organization, or corporation ope	rotting the program	
Address (Street, City, State, Zip Code)		Telephone Number
Contact Person (Name and Title)		Telephone Number
PROGRAM INFORMATION		
Is the program currently in operation?		
\square Yes, date operation began	No, target opening date	
Number of Children	Age Range of Children	Hours of Operation
	Through	Fromto
Days of Operation (check any that apply)		
□ Sun □ Mon □ Tue □ Wed	☐ Thu ☐ Fri ☐ Sat	

To determine regulatory status for exempt or license-exempt child care programs, complete this form and return to:

☐ Yes

☐ No

☐ No

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SUPPORTING DOCUMENTS & REGULATORY STATUS

The following documents must be submitted with the completed questionnaire. Additional documents may be required as noted under each regulatory status.

- Parent policies, handbook, registration, and enrollment form. This must include:
 - A description of the program.

Signature of the Owner(S)/Board President/Administrator/Designee

- A written explanation of the disciplinary philosophy.
- A copy of the form parents sign indicating they are aware that the program is exempt from licensure.

 Organizational Chart. This chart must show t program and the individual or organization th 	he structure of the administrative lines of authority between the child care nat owns/operate the program.
Check the Regulatory Status of your program.	
	ue; an entity that has or would qualify for federal tax-exempt status as a le Internal Revenue Code; or an entity whose real estate on which the childit is used for religious purposes.
 Evidence that the administration is a religious 	organization.
☐ Nursery School. Program for preschool children that is o	pperated for no more than four (4) hours per child per day.
☐ Public School. Program operated by a public school sys	stem, elementary, or secondary school.
□ Religious School. Program operated by a religious organ Additional document required:	nization, elementary, or secondary school.
 Evidence that the administration is a religious 	organization.
 Private School. Program operated by a private organizal Additional documents required: Completion of the School Review Form for Completion 	
•	a student enrolled will be accepted by another school for transfer.
 A copy of documentation that the school is a 	ccredited by, actively seeking accreditation by, or maintains an active essori Society, the Association Montessori Internationale, the International eational Programs International.
	ber by a person or organization with the primary function of providing a summer years of age, and providing no care for children younger than five (5)years of ea.
 Religious Organization Academic Preschool. A child of by a religious organization. Additional document required: 	are program exclusively for four (4) and five (5) year old children that isoperated
Evidence that the administration is a religious	s organization.
☐ Business of convenience of its customers. Business its employees for no more than four hours per day.	establishment which provides child care as a convenience for its customers or
 Department of Mental Health. Licensed by the Department disorder, mental illness, mental retardation or developed Additional document required: 	nent of Mental Health which provides care, treatment and diagnosis of mental nental disability.
 A copy of the license issued by the Department 	ent of Mental Health.
	n provides activities designed for recreational, educational and character years of age and is affiliated and in good standing with a national er Title 36, Public Law 105-225.
chartered organization's standards under Tit	
SIGNATURES The undersigned are responsible for the Name of the Director of the Program (Please Print)	information on this form and affirm that the information is true and accurate.
Name of the Director of the Frogram (Frease Fillin)	
Signature of the Director of the Program	Date
Name and Title of the Owner(S)/Board President/Administrator/Designee (Ple	ease Print)

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Date