

# Center Participation Agreement

## Scholarship Level 3 for Teachers and Directors

The Level 3 program offered through Child Care Aware of Missouri<sup>®</sup> requires the participation of each scholarship recipient's employing child care program.



### *Recipient agrees to:*

1. Complete 9-15 credit hours during a 12 month period, one educational year.
2. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours per educational year.
3. Take 3 hours of paid time off per week of the semester to study or prepare for class.
4. Remain in service at the sponsoring facility for at least an additional twelve months after the educational year.

### *Sponsoring Program agrees to:*

1. Pay 10% of the cost of tuition and books for 9-15 credit hours per educational year.
2. Provide the recipient with 3 hours a week of paid time off while class is in session.
3. Sponsor, please choose from the following two options:
  - Option 1: Issue a raise of 2% above the standard raise given to employees by the center resulting in a twelve month recipient commitment time to the program upon completion of the educational year (24 months total).
  - Option 2: Award a \$300 bonus to the scholarship recipient resulting in a twelve month recipient commitment time to the program upon completion of the educational year (24 months total).

### *Missouri Preschool Project Information*

Will the sponsor percentage of tuition and books be paid by a Missouri Preschool Project Grantee?

Yes     No    If yes, provide the name of the grantee: \_\_\_\_\_

Will the recipient percentage of tuition and books be paid by a Missouri Preschool Project Grantee?

Yes     No    If yes, provide the name of the grantee: \_\_\_\_\_

_____		
Print Applicant Name		
_____		
Print Sponsoring Program Name and License Number		
_____	_____	_____
Print Owner or Director Name	Signature of Owner or Director	Date



# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM



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 Billing Address (T.E.A.C.H. Sponsors only) \_\_\_\_\_

Website <http://www.>\_\_\_\_\_

Primary E-mail \_\_\_\_\_

### REGULATION STATUS (Check only one.)

- Licensed **Check One:**  Center  Group Home  Family Child Care  School Age Program  Preschool
- License exempt/Inspected (Inspected and in compliance.) **Check one:**  Religious Organization  Nursery School

DVN \_\_\_\_\_ Expiration date \_\_\_\_\_

### UNLICENSED LISTING INFO

- Exempt (Legally operating and not subject to regulation.)

Family Care Safety Registry # \_\_\_\_\_ Date \_\_\_\_\_

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

- ARCHS  LINC  Head Start  Early Head Start  MO Accreditation  MO Preschool Project

### ACCREDITATION STATUS

- Working on accreditation

Accredited Accrediting Body -  NAEYC  MOA  NAFCC  COA  CARF  Other: \_\_\_\_\_

### OPERATING SCHEDULE

	Time Open	Time Close
Monday	_____ a.m.	_____ p.m.
Tuesday	_____ a.m.	_____ p.m.
Wednesday	_____ a.m.	_____ p.m.
Thursday	_____ a.m.	_____ p.m.
Friday	_____ a.m.	_____ p.m.
Saturday	_____ a.m.	_____ p.m.
Sunday	_____ a.m.	_____ p.m.

Are you flexible on these times?  Yes  No

### Year Schedule

- Full year  Summer only  School year only

### Basic Schedules

- Full time (30+ hrs/wk)  Part time (under 30 hrs/wk)  
 Part time for under 2 avail  Sat avail  Sun avail

### Special Schedules

- Evening hours (After 6:30 p.m.)
- Overnight/24-hour care  Open holidays
- Temp/Emergency  Drop-in  Hourly
- Half day a.m. program  Half day p.m. program
- Before school care  After school care
- Summer programs  Parent day out programs

Are you willing to stay open in emergencies (if able) to care for children of first responders (fire fighters, etc.)?  Yes  No

Would you like more information about how to serve military families with children during a deployment?  Yes  No

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## FEES & VACANCIES

wks                       wks  
 mos                       mos  
 yrs                       yrs

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

TO \_\_\_\_\_

	Desired Enrollment	Number of Vacancies	Full Time Fee Per Week	Part Time Fee Per Day		Licensed Capacity that is indicated on your license
0 - 12 Months	_____	_____	\$ _____	\$ _____	Under 2 years	_____
13 - 24 Months	_____	_____	\$ _____	\$ _____	2 years & Over	_____
25 - 36 Months	_____	_____	\$ _____	\$ _____		<b>Average Enrollment during the past year</b>
37 Mos - 5 Yrs	_____	_____	\$ _____	\$ _____		_____
5 - 12 Years	_____	_____	\$ _____	\$ _____	Under 2 years	_____
Before/After School	_____	_____	\$ _____	\$ _____	2 years & over	_____
Summer	_____	_____	\$ _____	\$ _____		_____

Do you have a waiting list for any group?  Yes  No

## OTHER FEES

Registration: \$ \_\_\_\_\_  
  Transportation : \$ \_\_\_\_\_  
  Supplies: \$ \_\_\_\_\_  
  Other: \$ \_\_\_\_\_  
 Describe \_\_\_\_\_

## FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

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

## AFFILIATIONS

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

Religious Affiliation: \_\_\_\_\_

If You are Affiliated with Head Start:  Early Head Start  
 Head Start  
 Both

Head Start Program Grantee # \_\_\_\_\_  
 Head Start Partner Only

## CURRICULUM USED

- Creative Curriculum  
  Project Construct  
  Emerging Language & Literacy Curriculum (ELLC)  
  Montessori  
  Reggio  
 HighScope  
 Abeka  
 Religious (Please specify type and religion: \_\_\_\_\_)  
 Other: \_\_\_\_\_

## MEALS PROVIDED

Special diet options available (kosher, vegetarian, etc)  
 Accommodates nursing mothers

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)

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## ENVIRONMENT

- Smoke free    Air conditioned    Pets interact with children    Pets away from children    No pets
- Outdoor play area    Fenced yard

## SPECIAL SERVICES/FEATURES

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

## TRANSPORTATION

- To/from home    To/from school    Walking distance to school    By school's 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 page included in this mailing.*

- Behavior Related:    Behavior Disorder    ADD/ADHD    Autism Spectrum Disorders
- Developmental Disabilities:    Developmental Delay    Motor Delay    Emotional Disorder    Drug Exposure/Fetal Alcohol Syndrome
- Mental Disabilities    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 & EARLY LEARNING PROGRAM INFORMATION FORM

## STAFF &/OR FAMILY CHILD CARE INFORMATION

**Family Child Care Business:** Do you have additional paid staff/assistants? \_\_\_ No \_\_\_ Yes If yes, how many? \_\_\_\_\_

**Center or Group Home:** Number of staff members \_\_\_\_\_ Number of classrooms \_\_\_\_\_

Number of staff members who care for children full time \_\_\_\_\_ How many were also employed at your program 1 year ago? \_\_\_\_\_

Do any staff members speak any language(s) other than English (including Sign Language)?  Yes  No

If so, what language(s): \_\_\_\_\_

Is CPR/First Aid Certification required of any of these staff members?  Yes  No

## STAFF EDUCATION

Number whose highest level of education is High school diploma/GED or new to the field \_\_\_\_\_

Number whose highest level of education is Child Development Associate (CDA) Credential or some college coursework \_\_\_\_\_

Number whose highest level of education is Associate Degree \_\_\_\_\_

Number whose highest level of education is Bachelor Degree \_\_\_\_\_

Number whose highest level of education is Masters/PhD Degree \_\_\_\_\_

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. wage range	Directors:	Hourly Starting Wage \$ _____/hr	Salary range \$ _____/yr to \$ _____/yr
	Lead Teachers:	Hourly Starting Wage \$ _____/hr	Salary range \$ _____/yr to \$ _____/yr
	Asst Teachers:	Hourly Starting Wage \$ _____/hr	Salary range \$ _____/yr to \$ _____/yr

*Child Care Aware<sup>®</sup> of Missouri reserves the right, in 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 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 Aware<sup>®</sup> of Missouri'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 referred to parents.*

\_\_\_\_ *I do not wish to have my child care service listed on the Child Care Aware<sup>®</sup> of Missouri online database. I understand I can still be referred through telephone referrals and can have my information added to the online listing at any time if I choose.*