

# Center Participation Agreement

## One Semester Pre-Certification Model for Teachers or Directors

The One Semester Pre-Certification Model, offered through Child Care Aware® of Missouri, requires the participation of each scholarship recipient's sponsoring child care program.



### Recipient agrees to:

1. Complete 6-12 credit hours at a 4-year college in early childhood education or general education courses during 1 semester only.
2. Pay 10% of the cost of tuition and books for courses totaling 6-12 credit hours during 1 semester.
3. Take 2 hours of paid time off per week of the semester to study or prepare for class.
4. Remain in service at the sponsoring program for at least an additional six consecutive months after the 1 semester.

### Sponsoring Program agrees to:

1. Pay 15% of the cost of tuition and books for 6-12 credit hours during 1 semester only.
2. Provide the recipient with 2 hours a week of paid time off while class is in session, not to exceed 17 hours for a summer term and 34 hours for a spring or fall term.
3. Provide a \$50 bonus resulting in a six consecutive month recipient commitment time to the program upon completion of the 1 semester.

### Other Information

- Will the *sponsor* percentage of tuition and books be paid by a third party?  Yes  No
- Will the *recipient* percentage of tuition and books be paid by a third party?  Yes  No
- Is your program going through Missouri Accreditation (MOA)?  Yes  No
- Is your program going through re-accreditation through MOA?  Yes  No

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

1000 Executive Parkway Dr., Ste. 103 | St. Louis, MO 63141

Toll Free: 800-200-9017 x607 or x609 | Local: 314-535-2020 x607 or x609 | Fax 866-697-8168

[www.teach-missouri.org](http://www.teach-missouri.org)



# 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 OR scan and email to: info@teach-missouri.org

Licensed Business Name \_\_\_\_\_ Date \_\_\_\_\_  
DBA (If different from licensed business name) \_\_\_\_\_  
Location Address \_\_\_\_\_  
City \_\_\_\_\_ State MO ZIP+4 \_\_\_\_\_ County \_\_\_\_\_  
Mailing Address  Same as location address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_  
Primary E-mail \_\_\_\_\_  
Email we can share with families needing child care \_\_\_\_\_

### REGULATION STATUS (Check only one.)

Licensed  Exempt  
 License exempt/Inspected  DVN \_\_\_\_\_

### OPERATING SCHEDULE

(We obtain your licensed hours from the Section for Child Care Regulation.)

**If your operating hours are different from your licensed hours, (or if you are not licensed) please fill in these blanks.**

Daily hours \_\_\_\_\_ to \_\_\_\_\_  
Days of operation:  Monday through Friday  Saturday  Sunday  
Are you flexible on this schedule?  Yes  No

**Schedule Options**  Full time (30+ hrs/wk)  Part time (<30 hrs/wk)  Part time for under 2 available  
 Extended hours (before 6 AM or after 6:30 PM)  Drop-in/hourly  Before school care  After school care  
 Overnight/24-hour care  Saturday available  Sunday available  Open holidays  Temporary/Emergency  
 Half day a.m. program  Half day p.m. program  Summer programs  Parent day out programs

**Year Schedule**  Full year  School year only  Summer only

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

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## FEES & VACANCIES

Ages you will care for (not the ages you currently have in care or have vacancies for)

FROM \_\_\_\_\_ wks / mos / yrs TO \_\_\_\_\_ yrs

	Desired Enrollment	Number of Vacancies	Full Time Fee Per Week	Part Time Fee Per Day
0—12 Months	_____	_____	\$ _____	\$ _____
13—24 Months	_____	_____	\$ _____	\$ _____
25—36 Months	_____	_____	\$ _____	\$ _____
37 Mos—5 yrs	_____	_____	\$ _____	\$ _____
5—12 yrs	_____	_____	\$ _____	\$ _____
Before/After School	_____	_____	\$ _____	\$ _____

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

Average enrollment during the past year: \_\_\_\_\_

## OTHER FEES

Registration: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Please explain: \_\_\_\_\_

## FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

- MO subsidy accepted  
  Multi-child discount  
  Sliding fee scale  
  Scholarships offered  
 KS subsidy accepted  
  IL subsidy accepted  
  Willing to discuss fees/adjust fees for some families

## ORGANIZATION TYPE

- National chain  
  Public school  
  Private school  
  College/University  
 Employer/Corporate sponsored  
  Corporate on-site  
  United Way  
  Other Community Based Organization  
 Religious  
 Religious Affiliation: \_\_\_\_\_

## CURRICULUM USED

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

## ENVIRONMENT

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

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## MEALS PROVIDED

- Breakfast  Lunch  Dinner  Snack(s)  Family provides meals  
 Special diet options available (kosher, vegetarian, etc)  Accommodates nursing mothers

Participate in the Child and Adult Care Food Program (CACFP)?  Yes  No

For more information on CCAFP visit [www.fns.usda.gov/cnd/Care](http://www.fns.usda.gov/cnd/Care)

## SPECIAL SERVICES & ACTIVITIES

- Computers available for children  Care for mildly sick  Toilet learning  Security System  Field trips  
 Music instruction  Gymnastics  Language class  
 Other \_\_\_\_\_

## TRANSPORTATION

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

## 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:  Autism Spectrum Disorders  ADD/ADHD  Behavior Disorder  Emotional Disorder

Developmental Delays:  Speech/Language  Motor Delay  Social Emotional  Cognitive  
 Drug Exposure/Fetal Alcohol Syndrome

Medical/Genetic:  Cerebral Palsy  Down Syndrome  Hearing Impaired/Deaf  Vision Impaired/Blind  
 Spina Bifida  Genetic Disorder  Hydrocephalus & Shunt Knowledge  Food Allergies  
 Asthma  Catheter  Diabetes  Feeding/Gastrointestinal Tube  Injections  
 Monitors  Seizures/Epilepsy  Tracheostomy/Traechotomy  HIV  Hepatitis B  
 Environmental Allergies  Breathing Treatments/Medications

General Support:  Wheelchair Accessible  Medication administered  On-site Nurse  Therapists welcome  
 Special Diet/Food Allergies  Early Childhood Special Education  Special Transportation  
 Sign Language  Adaptive Equipment  Liability Insurance

Special Services/Therapy:  Speech/Language  Occupational  Physical  Psychological  Cognitive  
 Developmental  First Steps

Other special needs experience: \_\_\_\_\_

I understand the Americans with Disabilities Act (ADA):  Yes  No  Unsure

For more information on ADA, visit [www.ada.gov](http://www.ada.gov)

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## STAFF &/OR FAMILY CHILD CARE INFORMATION

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) or some college \_\_\_\_\_

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 \_\_\_\_\_

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

## SALARY RANGE

Directors: Salary range \$ \_\_\_\_\_/yr to \$ \_\_\_\_\_/yr

Lead Teachers: Salary range \$ \_\_\_\_\_/yr to \$ \_\_\_\_\_/yr

Asst. Teachers: 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.***

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