

Center Participation Agreement

Two Semester Pre-Certification Model for Teachers or Directors

The Two 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 9-15 credit hours at a 4-year college in early childhood education or general education courses during 2 semesters only.
2. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours during 2 semesters.
3. Take 2 hours of paid time off per week of classes to study or prepare for class.
4. Remain in service at the sponsoring facility for at least an additional six consecutive months after the 2 semesters.

Sponsoring Program agrees to:

1. Pay 15% of the cost of tuition and books for 9-15 credit hours during 2 semesters.
2. Provide the recipient with 2 hours a week of paid time off while class is in session, not to exceed:
 - 68 hours for a fall and spring semester,
 - 51 hours for a summer and fall semester, or
 - 51 hours for a spring and summer semester.
3. Provide a \$100 bonus resulting in a consecutive six month recipient commitment time to the program upon completion of the 2 semesters.

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



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

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

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[®] 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[®] 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[®] 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