



**EARLY CHILDHOOD CARE DEVELOPMENT FUND (CCDF) FINAL PROGRAM REPORT**

**INSTRUCTIONS**

**DUE NO LATER THAN 1:00 P.M. ON MAY 15, 2018.** MAIL THE COMPLETED FORM TO EARLY LEARNING, MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102-0480 OR EMAIL TO [ANGIE.KOETTING@DESE.MO.GOV](mailto:ANGIE.KOETTING@DESE.MO.GOV).  
QUESTIONS: CONTACT EARLY LEARNING AT 573-751-2095.

**SECTION I – PROJECT INFORMATION**

DISTRICT NAME	SITE NAME	COUNTY-DISTRICT CODE

**LEAD AGENCY AUTHORIZED REPRESENTATIVE**

AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE <b>MO</b>
		ZIP

**INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES**

CONTACT NAME	TITLE
ORGANIZATION/ENTITY NAME	STREET ADDRESS
CITY	STATE <b>MO</b>
	ZIP
	TELEPHONE NUMBER
EMAIL ADDRESS	FAX NUMBER

**SECTION II – BUDGET INFORMATION**

BUDGET INFORMATION HAS BEEN SUBMITTED THROUGH EPEGS. DESE RESERVES THE RIGHT TO REDUCE THE BUDGET BASED ON PROGRAM PLAN AND/OR FUNDS AVAILABLE.

I, THE UNDERSIGNED, AS OFFICIAL REPRESENTATIVE OF THE LEAD AGENCY, CERTIFY THE LEAD AGENCY TO BE IN COMPLIANCE WITH THE ASSURANCES SIGNED IN THE APPLICATION(S).

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

**DESE COMMENTS - (FOR DESE USE ONLY)**

SIGNATURE OF AUTHORIZED DESE OFFICIAL	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@desse.mo.gov](mailto:civilrights@desse.mo.gov).

**SECTION III – PROGRAM INFORMATION**

	TOTAL NUMBER OF CHILDREN SERVED	NUMBER OF CHILDREN RECEIVING CHILD CARE SUBSIDY	NUMBER OF CHILDREN WHO QUALIFY FOR FREE PRICED AND REDUCED PRICED MEALS	NUMBER OF SPECIAL NEEDS CHILDREN SERVED	NUMBER OF LOW INCOME CHILDREN SERVED
INFANT/TODDLER (AGES 6 WEEKS TO 3 YEARS)					
PRESCHOOL (AGES 3 YEARS TO 5 YEARS)					

NUMBER OF CHILD CARE STAFF IN THE EARLY CHILDHOOD PROGRAM WORKING DIRECTLY WITH THE CHILDREN

TYPE OF PROGRAM(S) YOU OFFER: (CHECK ALL THAT APPLY)

REGULAR SCHOOL SESSION  
 YEAR-ROUND  
 TEEN PARENT PROGRAM  
 WEEKEND  
 OTHER (I.E., HOLIDAY, VACATION, ETC.)

HOURS OF OPERATION FROM \_\_\_\_\_ TO \_\_\_\_\_

WEEKLY PARENT FEES \$ \_\_\_\_\_

REFER TO CHILD CARE LICENSE CHILD CARE LICENSE NUMBER _____ LICENSED CAPACITY _____ LICENSE IS EFFECTIVE THROUGH ____/____/____	ACCREDITING SOURCE: <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN  <input type="checkbox"/> WORKING ON INITIAL ACCREDITATION <input type="checkbox"/> ACCREDITED THROUGH ____/____/____
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CCDF STAFF HAVE COMPLETED A MINIMUM OF 12 CLOCK HOURS OF EARLY CHILDHOOD TRAINING  YES OR  NO

NUMBER OF STAFF WHO ATTENDED PROFESSIONAL DEVELOPMENT TRAINING OPPORTUNITIES

NUMBER OF PROFESSIONAL DEVELOPMENT TRAINING OPPORTUNITIES PROVIDED TO THE STAFF

CCDF STAFF ATTENDED APPROVED EARLY CHILDHOOD CONFERENCES:  YES OR  NO

**SECTION IV – PARENT EDUCATION/INVOLVEMENT**

PARENT EDUCATION/INVOLVEMENT	
NUMBER OF CCDF FAMILIES WHO RECEIVED AT LEAST ONE <b>PARENTS AS TEACHERS (PAT) FAMILY PERSONAL VISIT</b>	
NUMBER OF CCDF FAMILIES THAT ATTENDED AT LEAST ONE <b>PARENTS AS TEACHERS GROUP CONNECTION</b>	
NUMBER OF CCDF CHILDREN WHO HAD A <b>HEALTH, NUTRITION, AND DEVELOPMENTAL SCREENING</b>	
NUMBER OF CCDF FAMILIES THAT PARTICIPATED IN <b>PARENT/TEACHER CONFERENCES</b>	
NUMBER OF CCDF FAMILIES WHO RECEIVED AT LEAST ONE <b>HOME VISIT</b> BY THE CLASSROOM TEACHER	
NUMBER OF CCDF FAMILIES THAT PARTICIPATED IN <b>PARENT/CHILD ACTIVITIES</b>	
NUMBER OF CCDF FAMILIES WHO <b>VOLUNTEERED</b> TIME IN THE CLASSROOM	

**REPLACE THIS PAGE  
WITH A COPY OF  
THE ACCREDITATION  
CERTIFICATE  
(OPTIONAL)**

**REPLACE  
THIS PAGE  
WITH A  
COPY OF  
THE DAILY  
SCHEDULE**

**SECTION V – PROGRAM NARRATIVE**

DESCRIBE OPPORTUNITIES FOR COMMUNICATING WITH FAMILIES (NEWSLETTERS, DAILY NOTES, PHONE CALLS, ETC.)

DESCRIBE CCDF PROGRAM ACTIVITIES

DESCRIBE COLLABORATIVE EFFORTS AND HOW THEY ENHANCED THE QUALITY OF THE PROGRAM

DESCRIBE HOW THE CCDF GRANT HAS ENHANCED PROGRAM QUALITY

LIST OF INSERVICE TRAINING ATTENDED BY STAFF