



EARLY CHILDHOOD CARE DEVELOPMENT FUND (CCDF) FINAL PROGRAM REPORT

INSTRUCTIONS

Due no later than 1:00 p.m. on May 15. Email the completed form to webreplyimprece@dese.mo.gov.
Questions: Contact Early Learning at 573-751-2095.

SECTION I – PROGRAM INFORMATION

LEAD AGENCY	SITE NAME	DUNS NUMBER	COUNTY-DISTRICT CODE
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LEAD AGENCY AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE MO
		ZIP

INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES

CONTACT NAME	TITLE
ORGANIZATION/ENTITY NAME	STREET ADDRESS
CITY	STATE MO
	ZIP
EMAIL ADDRESS	TELEPHONE NUMBER

SECTION II – BUDGET INFORMATION

Budget information has been submitted through ePeGs. DESE reserves the right to reduce the budget based on the 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
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DESE COMMENTS - (FOR DESE USE ONLY)

SIGNATURE OF AUTHORIZED DESE OFFICIAL	DATE
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SECTION III – PROGRAM DATA

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

TYPE OF PROGRAM(S) OFFERED: (CHECK ALL THAT APPLY)

 REGULAR SCHOOL SESSION
 YEAR ROUND
 SCHOOL BREAKS/HOLIDAYS
 SUMMER (NON-SCHOOL DAYS)

PROGRAM SERVED CHILDREN OF TEEN PARENTS?

 YES NO

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:

 MISSOURI ACCREDITATION NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN WORKING ON INITIAL ACCREDITATION ACCREDITED THROUGH ____/____/____

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

STAFF HAVE COMPLETED A MINIMUM OF 12 CLOCK HOURS OF EARLY CHILDHOOD TRAINING:

 YES NO

NUMBER OF STAFF WHO ATTENDED PROFESSIONAL DEVELOPMENT TRAINING OPPORTUNITIES:

LIST OF PROFESSIONAL DEVELOPMENT TRAINING OPPORTUNITIES

SECTION IV – PARENT EDUCATION/INVOLVEMENT**PARENT EDUCATION/INVOLVEMENT**

NUMBER OF FAMILIES WHO RECEIVED AT LEAST ONE PARENTS AS TEACHERS (PAT) FAMILY PERSONAL VISIT

NUMBER OF FAMILIES THAT ATTENDED AT LEAST ONE PAT GROUP CONNECTION

NUMBER OF CHILDREN WHO HAD A HEALTH, NUTRITION AND DEVELOPMENTAL SCREENING

NUMBER OF FAMILIES THAT PARTICIPATED IN PARENT/TEACHER CONFERENCES

NUMBER OF FAMILIES WHO RECEIVED AT LEAST ONE HOME VISIT BY THE CLASSROOM TEACHER

NUMBER OF FAMILIES THAT PARTICIPATED IN PARENT/CHILD ACTIVITIES

NUMBER OF FAMILIES WHO VOLUNTEERED TIME IN THE CLASSROOM

PARENT COMMUNICATION

TYPE OF COMMUNICATION PROVIDED: (CHECK ALL THAT APPLY)

 NEWSLETTERS PHONE CALLS/EMAILS DAILY INFORMATION SOCIAL MEDIA

SECTION V – PROGRAM NARRATIVE

DESCRIBE PROGRAM ACTIVITIES

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

DESCRIBE HOW THE GRANT HAS ENHANCED PROGRAM QUALITY