



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD — QUALITY PROGRAMS

EDUCARE MONTHLY REPORT

INSTRUCTIONS							
VENDOR NAME			CONTRACT NUMBER				
FISCAL YEAR			MONTH				
PROGRAM NUMBERS							
	NEW	YTD	TOTAL CHILDREN SERVED IN MONTH	SUBSIDY CHILDREN SERVED IN MONTH			
Number of SOF (Six or Fewer) served							
Number of License Exempt served							
Number of Licensed Family Homes served							
Number of SCHs served							
Number of Licensed Group Homes served							
Number of Licensed Centers served							
Totals							
YEAR TO DATE (YTD) TOTALS							
Total children served							
Subsidy children served							
PERCENTAGES			NEW	MONTH	YTD		
Number of SOF (Six or Fewer) served (at least 20 percent of total)							
Receive child care subsidy (at least 35 percent of total)							
PROGRAM SERVICES							
	SOF	L EXEMPT	L FAMILY HOMES	SCHS	L GROUP HOMES	L CENTERS	YTD
Total Child Care Providers							
Total number of visits							
Total number of onsite visit hours							
CCBIS							
Total number of TA referrals							
Total number of inclusion referrals							

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Total number of Health and Safety checklists							
Total number of Early Child Care Checklists							
Total number of QIPs developed							
QIPs							
Goals set							
Goals completed							
PROGRAM INFORMATION							
Provide an attachment with the following information: <ul style="list-style-type: none"> • Name of Educare Staff • Name of Provider (DVN) • Date of Educare Enrollment • Receipt date of Early Learning Guidelines and Core Competencies • Completion date of Health and Safety Checklist and Quality Improvement Plan • Number of Inclusion Referrals per provider 							
CURRICULUM						UNITS COMPLETED	
Supporting Care Providers Through Personal Visits							
Supporting Infant/Toddler Care Providers							
Emotional Beginnings							
Caring For Our Children							
(add curriculum here)							
(add curriculum here)							
(add curriculum here)							
PROVIDER ADVISORY GROUPS							
Provide an attachment with the following information: <ul style="list-style-type: none"> • Advisory Group opportunities held (along with topics covered) 							
TRAINING				NEW		YTD	
Total # of attendees for trainings/professional development groups							
# of registered providers attending training (from total)							
# of trainings/professional development groups offered							
# of trainings/professional development groups held							
# of providers attending enrolled in Educare Services							
Total number of training/professional development hours							

MONTHLY TRAINING REPORT

Provide an attachment with the following information for each of the following: CCBIS Training; Pre-Registration Orientation Training; CCDF Health and Safety Training:

- The number, dates, and times of trainings scheduled (listed by training title)
- The number, dates, and times of trainings actually delivered (listed by training title)
- The number of participants listed by type of provider (SOF, License Exempt, Licensed Family Home, SCHs, Licensed Group Homes, and Licensed Centers) served completing each type of training.

QUARTERLY SUMMARY AND ANALYSIS

Submit a (quarterly) summary and analysis of training evaluations completed by attendees due thirty (30) days after the end of each quarter.

OUTREACH

NEW

YTD

Educare Program Information (basic introduction materials)

Newsletters/Flyers

Curriculum Related Materials (i.e. handouts, brochures, information, etc.)

Other (Phone, fairs, seminars, etc...)

Media Contacts

ADDITIONAL QUESTIONS/COMMENTS/CONCERNS:

I do solemnly swear or affirm that the above claim is correct and just, that any expenses included in the above were necessary to the public business of the state, that payment has been made from personal funds and that I have not been reimbursed therefore, and I have not received and will not receive from any source whatever any payment or any part thereof except as provided by law.

SIGNATURE OF VENDOR

DATE