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## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - CHILD CARE REGULATION

DVN

PROGRAM EVALUAT	ION QUESTIONNAIR	RE (PEQ)					
INSTRUCTIONS	-	<b>v</b> 4					
To determine if a child care program is required to be licensed as described in Sections 210.211 and 210.201 RSMo, the program must complete this evaluation. All required fields and supporting documentation must be completed and returned to: Office of Childhood-Child Care Regulation PO Box 480							
	Jefferson City, N		1				
	573) 526-5345 or Email: <u>CC</u>	Exemptions@c	dese.mo.gov				
IDENTIFYING PROGRAM INFORMA							
			) (CHECK ALL THAT APPLY) LER CHILD CARE	SCHOOL-AGE CHILD CARE			
□ CHANGE/UPDATE TO EXISTING PROGRAM □ PRESCHOOL							
NAME OF CHILD CARE PROGRAM							
PROGRAM ADDRESS (STREET, CITY, STATE, ZIP CODE)			COUNTY				
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)  CHECK IF SAME AS PROGRAM ADDRESS			PROGRAM PHONE NUMBER				
EMAIL ADDRESS			WEB ADDRESS				
LEGAL NAME OF OWNER(S), ORGANIZATION, OR O	CORPORATION OPERATING THE	e program (as	FILED WITH OFFICE OF SECK	ETARY OF STATE)			
OWNER ADDRESS (STREET, CITY, STATE, ZIP CODE	OWNER ADDRESS (STREET, CITY, STATE, ZIP CODE)			OWNER PHONE NUMBER			
CONTACT PERSON (NAME AND TITLE)			CONTACT PERSON PHONE NUMBER				
PROGRAM OPERATIONAL DETAILS							
Provide information on program operations							
IS THE PROGRAM CURRENTLY IN OPERATION?							
□ <b>YES</b> - DATE OPERATION BEGAN	🗆 NO - TA	RGET OPENING	DATE				
HOURS OF OPERATION:	DAYS OF OPERATION:		MONTHS OF OPERATION:				
TOTAL NUMBER OF CHILDREN IN CARE:	AGE RANGE OF CHILDREN:		TUITION:				
MAXIMUM NUMBER OF HOURS A CHILD MAY ATT			THROUGH NUMBER OF EMPLOYEES CHILDREN ENROLLED IN THE PROGRAM:				
EXPLAIN HOW YOU ARE/WILL BE COMPENSATED	FOR PROVIDING YOUR SERVICE	(THIS CAN INCL	UDE ANY TYPE OF FUNDING	RECEIVED):			
		(					
IS THIS PROGRAM CURRENTLY ACCEPTING OR PL	ΔΝΝΙΝΟ ΤΟ ΔΟΟΕΡΤ ΟΗΠ Ο ΟΔ		FOR CHILDREN IN CARE?				
EXPLAIN WHAT TYPE OF ACTIVITIES YOUR PROGRA		INE SODSIDI PAI	TOR CHIEDREN IN CARE:				
	, -						
DOES THIS OWNER OR ORGANIZATION OPERATE ANY OTHER CHILD CARE PROGRAM?							
> IF YES, PROVIDE DVN AND ADDRESS OF PROGRAM							
ARE THERE OTHER REGULATED CHILD CARE PROGRAMS LOCATED WITHIN THE SAME SPACE?							
> IF YES, PROVIDE A DIAGRAM OF THE SPACE US	ED BY BOTH PROGRAMS THAT	INDICATE THEY	DO NOT SHARE THE SAME S	PACE SIMULTANEOUSLY.			
The Department of Elementary and Secondary Education does not	discriminate on the basis of race, color, r	religion, gender, gend	er identity, sexual orientation, nation	al origin, age, veteran status, mental or			

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Check the Regulatory Status that most applies to your child care program below and indicate support	ing docum:	entation:			
Religious Organization. Child care program owned and operated exclusively by a church, synagogue, or mosque; an entity that qualifies for federal tax exemption status as a not-for-profit religious organization under Section 501(C)(3) of the Internal Revenue					
Code; or an entity whose real estate on which the child care facility is located is exempt from tax	ation beca	use it is used	for		
religious purposes.      Evidence that the administration is a religious organization.					
□ Nursery School. Child care program for preschool children that is operated for no more than four	(4) hours (	per child per o	day.		
Graded Boarding School. Child care program operated by an organization requiring in seat atten					
Public School System. Child care program operated by public school system elementary and second	ondary scho	ools.			
Religious School. Child care program operated by religious organization elementary and seconda	ry schools.				
$\Box$ Evidence that the administration is a religious organization.					
□ Private School. Child care program operated by private organization elementary and secondary s	chools.				
$\Box$ Evidence that a student enrolled will be accepted by another school for transfer.					
□ Montessori School. Child care program operated by a school that is accredited by, actively seeki					
an active school membership with the American Montessori Society, the Association Montessori	Internatio	nale, the Inte	rnational		
Montessori Counsel, or the Montessori Educational Programs International.					
Evidence that the school is accredited, actively seeking accreditation, or maintains an activ					
Weekly Sunday School or Vacation Bible School. A ministry outreach child care program provide	, ,				
provide religious education to children; child care made available while parents or guardians are			ces; other		
meetings and activities conducted or sponsored by a religious organization for religious education	on of childre	en.			
□ Evidence that the administration is a religious organization.		· · · · · · · · · · · · · · · · · · ·	··		
Summer Camp. Child care program operated from May to September by a person or organizatio providing a summer recreational program for children no younger than five (5) years of age, and					
younger than five (5) years of age in the same space or in the same outdoor play area simultaned			muren		
<b>Day Camp.</b> Child care program operated between the hours of 6:00 AM and 7:00 PM when a loc		vstem is not ir	session		
requiring student attendance, with the primary function of providing a recreational program for					
older who are enrolled in Kindergarten or above, and providing no care for children younger tha					
space or in the same outdoor play area simultaneously.	- (-777				
A copy of the program's calendar of operations while the local school system is not in sess	sion requiri	ng student at	tendance.		
Religious Organization Academic Preschool. Child care program exclusively for four (4) and five		-			
operated by a religious organization.					
Business of convenience of its customers. Business establishment which provides child care as a convenience for its customers or					
employees for no more than four hours per day while the customers or employees remain on site.					
$\Box$ Hospital. Licensed or regulated to provide medical treatment, nursing, or convalescent care for $c$	hildren.				
$\Box$ Documentation that the program is licensed or regulated by another State of Missouri en	tity.				
Department of Mental Health. Licensed by the Department of Mental Health which provides can	re, treatme	nt and diagno	osis of		
mental disorder, mental illness, intellectual disability, or developmental disability.					
$\square$ A copy of the license issued by the Department of Mental Health (DMH).					
□ Neighborhood Youth Development Program. Child care program that provides activities for chil		5) to eighteen	(18)		
years of age and is affiliated and in good standing with a national congressionally chartered organization.					
$\Box$ A copy of documentation showing that the program is affiliated and in good standing with a national congressionally					
chartered organizations standards under <u>Title 36, Public Law 105-225</u> .					
$\Box$ Information indicating the program meets requirements set forth by Section <u>210.278</u> RSN	/lo.				
DISCLOSURE STATEMENTS					
I certify that the program will notify parents in writing of the child care program's unlicensed status a		□ YES			
a signed copy of this notice on file at the facility after enrollment as required in Section 210.211.3 RSI		_			
I certify that the program will provide the child care program's disciplinary philosophy to parents as r	equired	□ YES	□ NO		
in Section 210.211.3 RSMo. I certify that the program will provide the child care program's policies to parents as required in Secti	<u></u>				
210.211.3 RSMo.	011	🗆 YES	🗆 NO		
SIGNATURES					
By signing below, I hereby confirm that the above description of the program is accurate, true, and co	omplete				
NAME OF THE DIRECTOR OF THE PROGRAM (PLEASE PRINT)	Simplete.				
SIGNATURE OF THE DIRECTOR	DATE				
SIGNATORE OF THE DIRECTOR	DATE				
NAME AND TITLE OF THE OWNER(S)/ BOARD PRESIDENT/ ADMINISTRATOR/ DESIGNEE (PLEASE PRINT)					
	D 4 T-				
SIGNATURE OF THE OWNER(S)/BOARD PRESIDENT/ADMINISTRATOR/ DESIGNEE	DATE				