



SCHOOL REVIEW FORM FOR CHILD CARE EXEMPTION

INSTRUCTIONS

To verify regulatory status for exempt child care programs operated by a school system as described in Section [210.211](#) RSMo, a child care provider must complete this school review form. **All required fields must be completed to avoid return of the form and/or delay in processing the form.** Return completed form and supporting documentation to:

Office of Childhood-Child Care Regulation
PO Box 480
Jefferson City, MO 65102
Fax: (573) 526-5345 or Email: CCExemptions@dese.mo.gov

IDENTIFYING SCHOOL OWNER INFORMATION

LEGAL ENTITY/CORPORATION/LLC/OWNER(S) NAME (AS FILED WITH MISSOURI SECRETARY OF STATE)	PHONE NUMBER
LEGAL ENTITY/CORPORATION/LLC/OWNER(S) ADDRESS (STREET, CITY, STATE, ZIP)	EMAIL ADDRESS

IDENTIFYING SCHOOL SYSTEM INFORMATION

SCHOOL SYSTEM NAME												
SCHOOL SYSTEM ADDRESS (STREET, CITY, STATE, ZIP)	SCHOOL PHONE NUMBER											
HOURS OF OPERATION	DAYS OF OPERATION <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN											
MONTHS OF OPERATION <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC												
GRADES OFFERED BY SCHOOL SYSTEM												
K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IDENTIFYING CHILD CARE PROGRAM INFORMATION

BEFORE/AFTER SCHOOL CARE (IF APPLICABLE)

NAME OF PROGRAM	PROGRAM PHONE NUMBER
PROGRAM ADDRESS <input type="checkbox"/> (CHECK IF SAME AS SCHOOL SYSTEM ADDRESS)	PROGRAM EMAIL ADDRESS (IF DIFFERENT)
BEFORE SCHOOL CARE HOURS	DAYS OF OPERATION <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN
AFTER SCHOOL CARE HOURS	MONTHS OF OPERATION <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC

INFANT/TODDLER/PRESCHOOL CARE (IF APPLICABLE)

NAME OF PROGRAM	PROGRAM PHONE NUMBER				
PROGRAM ADDRESS <input type="checkbox"/> (CHECK IF SAME AS SCHOOL SYSTEM ADDRESS)	PROGRAM EMAIL ADDRESS (IF DIFFERENT)				
HOURS OF OPERATION	DAYS OF OPERATION <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN				
MONTHS OF OPERATION <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC					
AGE GROUPS OF CHILD CARE PROVIDED BY SCHOOL SYSTEM					
UNDER 12 MONTHS	1 YEAR OLD	2 YEARS OLD	3 YEARS OLD	4 YEARS OLD	5 YEARS OLD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute 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, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-7352966; email civilrights@dese.mo.gov.

TYPE OF SCHOOL SYSTEM

Additional documents are required as noted under each school type:

- Private School**
- Montessori School**
- Attach evidence that the school is accredited, actively seeking accreditation, or maintains an active school membership with:
 - the American Montessori Society,
 - the Association Montessori Internationale,
 - the International Montessori Counsel, or
 - the Montessori Educational Programs International.
- Religious School**
- Attach evidence that the administration is a religious organization

DISCLOSURE STATEMENTS

I certify that the program notifies parents in writing of the child care program's unlicensed status and keeps a signed copy of this notice on file at the facility after enrollment as required in Section 210.211.3 RSMo.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I certify that the program provides the child care program's disciplinary philosophy to parents as required in Section 210.211.3 RSMo.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I certify that the program provides the child care program's policies to parents as required in Section 210.211.3 RSMo.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I certify that the school system's records can be accepted by a public or private school for the transfer of any student enrolled in our school system.	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE

By signing below, I hereby confirm that the above description of the program is accurate, true, and complete.

NAME OF INDIVIDUAL COMPLETING FORM (PLEASE PRINT)	TITLE OF INDIVIDUAL COMPLETING FORM
SIGNATURE OF INDIVIDUAL COMPLETING FORM	DATE