



**Missouri Department of Health and Senior Services
Section for Child Care Regulation
Program Evaluation Questionnaire**

OFFICE USE ONLY

DVN

INSTRUCTIONS

To determine the regulatory status for children’s programs, the following documents must be submitted with this completed questionnaire:

- Description of the program or pamphlet describing the program.
- Parent policies, handbook, registration or enrollment form (if available).
- **For Religious Organizations** – A federal tax exemption letter as required by section 501(c)(3) of the Internal Revenue Code of 1954, or any amendment thereto; or documentation that the real estate on which the facility is located is exempt from taxation because it is used for religious purposes or copy of letter of exemption from Missouri sales and use tax on purchases and sales; and

Organization chart – This chart must show the structure of the administrative lines of authority between the children’s program and the individual or organization that owns/operates the program.

IDENTIFYING INFORMATION (Additional sheets may be attached for each program.)

Name of program

Location of program (street, city, state, zip code)

Mailing address (If different from above.)

County	Telephone number of program ()
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ADMINISTRATION

Legal entity (organization or individual) responsible for operation and management of the program

Address

Telephone number ()

Contact person (name and title)

Telephone number ()

Email Address

Web Address

PROGRAM	
Is this program currently in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please show target opening date _____.	
Answer the following questions about the program.	
Number of children	Age range From _____ To _____
Months of operation: (Check any that apply.) <input type="checkbox"/> All 12 months <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
Hours of Operation: From _____ a.m./p.m. To _____ a.m./p.m. From _____ a.m./p.m. To _____ a.m./p.m.	
Maximum number of hours a child may attend each day.	
Number of employees' children enrolled in the program.	
Explain how you are compensated for providing your service, this can include any type of funding received?	
Does this owner or organization operate any other child care program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name, DVN, and address of program:	
Does this program receive any direct state or federal funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list any agencies from which you receive funds:	
Explain what type of activities your program will offer (educational, recreational, childcare, etc.)	
SIGNATURES	
The undersigned are responsible for the information on this form and affirm that the information is true and accurate. (If the administrator and director are different, the signatures of both individuals are required.)	
Name and title of the director of the program (Please print.)	
Signature of director	Date
Name and title of the administrator of the legal entity responsible for operating the program (Please print.)	
Signature of administrator	Date