	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).

- 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.

- **For Religious Organizations** – A federal tax exemption letter as required by section 501(c)(3) of the Internal Revenue Code or documentation that the entity whose real estate on which the child care facility is located is exempt from taxation because it is used for religious purposes.

Return to: Section for Child Care Regulation, P.O. Box 570, Jefferson City, MO 65102

IDENTIFYING INFORMATION

Name of program

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

Mailing address (If different from above)

County	Telephone number of program

ADMINISTRATION

Name of owner(s), organization or corporation operating the program

Address (street, city, state, zip code)

Telephone number

Contact person (name and title)

Contact telephone number

Email Address

Web Address

PROGRAM

Is this program currently in operation? ☐ Yes ☐ No

If no, please show target opening date_____.

Regulatory Status (Check one)

☐ **Religious Organization**—A church, synagogue or mosque; an entity that has or would qualify for federal tax exempt status as a nonprofit religious organization under section 501c3 of the Internal Revenue Code.

☐ **Nursery School**—Program for preschool children that is operated for no more than four (4) hours per child per day.

☐ **School**—Program operated by a school system, private or religious elementary or secondary school.

☐ **Summer Camp**—Program operated from May to September by a person or organization with the primary function of providing a summer recreational program for children no younger than five (5) years of age, and providing no day care for children younger than five (5) years of age in the same building or in the same outdoor play area.

☐ **Academic Preschool**—Child care Program exclusively for four and five year old children that is operated by a religious organization.

☐ **Business for convenience of its customers**—Business establishment which provides child care as a convenience for its customers or its employees for no more than four hours per day.

☐ **Department of Mental Health**—Licensed by the Department of Mental Health which provides care, treatment and diagnosis of mental disorder, mental illness, mental retardation or development disability.

☐ **Neighborhood Youth Development Program**—Program provides activities designed for recreational, educational and character building purposes for children six (6) to seventeen (17) years of age and is affiliated and in good standing with a national congressionally chartered organizations standards under Title 36, Public Law 105-225.

☐ **Other** _____

Answer the following questions about the program.

Number of children	Age range
	Minimum Age_____ Maximum Age_____

Months of operation: (Check any that apply)
☐ All 12 months ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Days of operation: (Check any that apply)
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
☐ Saturday ☐ Sunday

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? ☐ Yes ☐ No

If yes, provide the name, DVN, and address of program:

Are there other regulated child care programs located within the same building? ☐ Yes ☐ No

If yes, please provide a diagram of the building with the locations of each child care program.

Explain what type of activities your program will offer.

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 owner(s)/board president/designee (Please print)

Signature of owner(s)/board president/designee	Date

INSTRUCTIONS FOR COMPLETING
THE
PROGRAM EVALUATION QUESTIONNAIRE
DC-20

IDENTIFYING INFORMATION

Name of program: Enter the name of the program.

Location of the program: Enter the physical address location of the program.

Mailing address: If different from the physical address, enter the mailing address of where the program wants to receive its mail.

County: Enter the count were the program is located.

Telephone number of the program: Enter the program telephone number.

ADMINISTRATION

Name of owner(s), organization or corporation operating the program: Enter the name of the entity legally responsible for operation of the program. This may be an individual, organization, corporation, LLC, etc.

Address: Enter the address of where the owner wants to receive mail. This may be a corporate address, home address or address of the program.

Telephone Number: Enter the direct contact telephone number for the entity or individual legally responsible for the program.

Contact Person: Enter the name of the person to be contacted.

Contact telephone number: Enter the contact person telephone number.

Email Address: Enter the email address for the program.

Web Address: Enter the web address for the program.

PROGRAM

Is the program currently in operation: Check the Yes or No box to indicate whether children are currently enrolled and attending the program.

If no, please show target open date: Enter the expected date for the program to be in operation.

Regulatory Status: Check the regulatory status the program is requesting to be evaluated for.

Number of Children: Enter the total number of children the program is requesting to serve at one time.

Age Range: Enter the minimum and maximum ages for the children the program expects to serve.

Months of Operation: Check the months the program will be in operation. If you plan to operate all 12 months, you only have to check the "All 12 months" box.

Days of Operation: Check the days of the week the program will be in operation.

Hours of Operation: Enter the from and to times for hours that the program will be in operation.

Maximum number of hours a child may attend each day: Enter the maximum number of hours that a child may be in attendance each day in the program.

Number of employee's children enrolled in the program: Enter the number of employee's children that will be enrolled in the program.

Explain how you are compensated for providing your service, this can include any type of funding received? Explain how your service is being compensated or funded.

Does this owner or organization operate any other child care program: Check the Yes or No box to indicate if the owner or organization operates any other child care programs.

If yes, provide the name, DVN and address of program: Enter the name, DVN and address of any other child care program that is operated by the owner or organization.

Are there other child care programs located in the same building: Check the Yes or No box to indicate if the proposed program will be located in the same building as another child care program. If the Yes box is checked, please provide a diagram of the entire building with each programs space designated on the diagram.

Explain what type of activities your program will offer: Enter the purpose of the program.

SIGNATURES

Name and title of the director of the program: Print the name and the title of the director of the program.

Signature of the director: The signature box must be signed by the director.

Date: Enter the date the program evaluation questionnaire was signed.

Name and title of the owner(s)/board president/designee: Print the name and the title of the owner(s), board president and/or designee.

Signature of the owner(s)/board president/designee: The signature box must be signed by the owner, board president or a designee.

Date: Enter the date the program evaluation questionnaire was signed.