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:

1. Description of each program(s) or pamphlet describing the program(s).
2. Parent policies, handbook, registration or enrollment form (if available).
3. Documentation from a national or regional Title 36, Public Law 105-225, organization that the organization is affiliated in good standing.
4. **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; or documentation that the real estate on which the facility is located is exempt from taxation because it is used for religious purposes; and

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

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 ( )

ADMINISTRATION
Organization (or individual) legally responsible for operation and management of the program(s)
Address
Telephone number ( )
Contact person (name and title)
Telephone number ( )
Email Address

PROGRAM(S)

Is this program currently in operation? ☐ Yes ☐ No

If no, please show target opening date _____ and answer the following questions regarding your proposed plan.

Number of children	Age range From _____ To _____

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

Hours of operation for each program: 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, name and address of program:

Does this program receive any direct state or federal funds? ☐ Yes ☐ 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 is responsible for the information on this form and affirms 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 of the program	Date

Name and title of the administrator of the organization (Please print.)

Signature of administrator	Date