



**Please Check ALL That Apply**

**Accreditation (Are you accredited by any of the following?)**

- NAEYC       Oral Roberts       State of MO       NSACA       Lutheran

**Training/Education (please indicate # of staff)**

- \_\_\_ AA Early Childhood Ed      \_\_\_ BA/BS Early Childhood Ed      \_\_\_ Child Development Associate      \_\_\_ Pediatric CPR training  
\_\_\_ 1<sup>st</sup> Aid training      \_\_\_ 12 Hours in-service      \_\_\_ Health Related Degree      \_\_\_ Some college – child related  
\_\_\_ Some college – other      \_\_\_ Bachelor's – other      \_\_\_ Associate – other      \_\_\_ Advanced ECE Degree  
\_\_\_ Special education

**Program**

- Pre-kindergarten       Preschool       School Age       Summer Program       Employer

**Environment**

- Smoke free       Fenced play area       Infant equipment       Air conditioner  
 No pets       Pets interact with children       Pets away from child care area

**Language**

- English       Bi-lingual       Spanish

**Special Services**

- Mildly sick care       Toilet learning

**Affiliation**

- College       Church       Non profit       Public school       Company

**Curriculum**

- Developmentally Appropriate       High/Scope       Montessori       Project Construct  
 Religious/Faith based       Creative Curriculum       High Reach       Reggio

**Meals**

- Breakfast       AM snack       Lunch       PM snack  
 Dinner       Special diet       Parent provides       USDA Food Program

**Transportation**

- Transports to & from home       Transports to & from school       By bus to & from school       Walking distance

Transportation Fee \$ \_\_\_\_\_

List Nearest Elementary School to your business \_\_\_\_\_

**Brag about yourself / tell us something about your facility we can share with others.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give SEMO CCR&R permission to place my facility on the internet.       Yes       No

This form has been completed to the best of my knowledge \_\_\_\_\_  
*Signature* *Date*

**★ Please use the enclosed envelope when mailing this form  
OR fax to: Karen McDougall, Referral Coordinator @ (573) 986-6851 ★**

SEMO CCR&R reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or excluding, of any provider with the Resource and Referral Service. Complaints about service will be investigated or referred to the Division of Family Services or the Section for Child Care Regulation and deemed necessary.



Affirmative Action/Equal Opportunity Employer – Services provided on a non-discriminatory basis

*Funding provided by the Missouri Department of Social Services, Children's Division, Early Childhood and Prevention Services Section, in conjunction with the Department of Health and Senior Services, Section for Child Care Regulation; MO Department of Elementary & Secondary Education, Family & Consumer Sciences Education, Early Childhood Section; and Southeast Missouri State University*

Southeast Missouri Child Care Resource & Referral  
 Southeast Missouri State University  
 One University Plaza MS2350  
 Cape Girardeau MO 63701  
 Phone: (800) 811-1127 or (573) 986-6800  
 Fax: (573) 986-6851 Email: ccr@semo.edu  
 www5.semo.edu/ccrr



MISSOURI  
 CHILD CARE  
 RESOURCE  
 AND REFERRAL  
 NETWORK



Name of Home or Center \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

The purpose of this survey is to help us find out if you have experience and/or training in caring for a child with special needs. It is our intention to best serve the child care providers and families of southeast Missouri with the most accurate information possible. While CCRR will not limit referrals only to those indicating special experience or training, the survey will assist us in providing parents with a broader variety of appropriate options for their children. It will also help us determine the training needs of providers in our area. This information will remain confidential. A sheet of *Special Needs Definitions* is attached to give additional clarification on special needs terms. If you have any questions about this survey, please call CCRR at the numbers listed above. Please return this completed form with the completed Provider Update Form and completed Provider Survey in the enclosed postage paid envelope.

Please check ALL of the areas you have experience and/or training with regarding children with special needs.

**INCLUSION SERVICES SURVEY**

**Behavior Related Disabilities**

- Autism/PDD       ADD/ADHD       Behavior disorder       Emotional Disorder

**Developmental Disabilities**

- Developmental delay       Drug exposure       Mental retardation       Speech/Language delay

**Medical/Genetic Disabilities**

- Cerebral Palsy       Down Syndrome       Genetic disorder       Vision impaired  
 Hearing impaired       Hydrocephalus       Shunt knowledge       Spina Bifida

**Medical Issues**

- Allergies       Asthma       Breathing treatments/Meds  
 Catheter       Diabetes       Feeding/Gastrointestinal Tube       HIV/Hepatitis B  
 Injections       Monitors       Seizure disorder       Tracheostomy

**Special Education Services – I am familiar with these services for children with Special Needs**

- First Steps (familiar with)       EC Spec. Ed. (familiar with)       Developmental Therapy  
 Dev/Cognitive Therapy (DT/CT)       Occupational Therapy (OT)       Physical Therapy (PT)       Special needs transportation  
 Speech/Language Therapy (SPLT)

**Supports Child Uses – I am familiar/comfortable with the following:**

- Special diet/Food allergies       Wheelchair/Crutches Accessible       Sign Language  
 Adaptive equipment

**Related Information**

- Other experience       Experience/Willing

**Safety/Medical**

- Medication administered       Therapists welcome       On-site Nurse       Liability Insurance       Child Watch Videocam

**Adaptive Equipment Description**

**Other Experience**

--	--

**NOTES**

---



---