

Early Learning Program Information Form

Instructions: Please fill out this form and fax it to SUCCESS, 401-793-8799.

Contact Information:

Early Learning Program: _____

Program Director: _____

Program Owner: _____

Phone: _____ Fax: _____

Address: _____
(Street) (City) (State) (zip)

Mailing Address: _____
(Street) (City) (State) (zip)

Email: _____ Hours of Operation: _____

Best Time to Reach Director/Administrator: _____ License #: _____

Would we be able to access WiFi in your center? Yes No

Enrollment Information:

1. The average percentage of children who receive CCAP subsidies or Head Start slots: _____

2. Please fill out the following table.

	Infant	Toddler	Preschool	Pre-Kindergarten
Served by our program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Classrooms				
# Licensed Slots/ Approved Capacity				
Licensed/ Approved by	<input type="checkbox"/> DHS (Prev. DCYF) <input type="checkbox"/> Department of Education	<input type="checkbox"/> DHS (Prev. DCYF) <input type="checkbox"/> Department of Education	<input type="checkbox"/> DHS (Prev. DCYF) <input type="checkbox"/> Department of Education	<input type="checkbox"/> DHS (Prev. DCYF) <input type="checkbox"/> Department of Education
# Enrolled on average				
# Staff				

Program Information:

	Center-Based	Family-Based	
1. Is your program?			
2. Are you a Head Start program?	Yes	No	
3. Are you a State PreK program?	Yes	No	
○ If yes, how many classrooms: _____			
○ If yes, how many slots: _____			
4. Are you in good standing with DHS (prev. DCYF)?	Yes	No	Pending
○ If no or pending, please describe:	_____		
5. Are you NAEYC accredited?	Yes	No	Pending
6. Do you currently work with a Mental Health Consultant ?	Yes	No	Pending
7. Do you currently work with a Child Care Health Consultant (CCHC)/Nurse ?	Yes	No	Pending
8. Has your staff participated in RIELDS training?	Yes	No	Pending
9. Are you currently involved with BrightStars?	Yes	No	Pending
○ What is your BrightStars rating? _____			
10. Have you received, or are you currently receiving TA support from the Center (i.e., Center for Early Learning Professionals)?	Yes	No	Pending
11. Do you have Kids Connect supports in your center?	Yes	No	Pending
12. Do you have a Quality Improvement Plan?	Yes	No	Pending
13. Have you recently participated in any training focused on early childhood social and emotional competencies and/or challenging classroom behavior?	Yes	No	Pending
14. Does your Program have resources for coordinating the care of children who have developmental or behavioral health needs?	Yes	No	Pending
15. Is there anyone else who routinely comes to talk to you or provide support to your Program?	Yes	No	Pending
○ If yes or pending, please describe:	_____		