

## Early Learning Program Information Form

Please send completed form by email ([SUCCESS@lifespans.org](mailto:SUCCESS@lifespans.org)) or fax (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: \_\_\_\_\_

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

### Program Information:

- | 1. Is your program?  | Center-Based (DHS licensed) | Family-Based (DHS licensed) | Other |
|--|-----------------------------|-----------------------------|-------|
| 2. Are you a Head Start program?   |                             | Yes      No                 |       |
| 3. Are you a RIDE State-Funded PreK program?                                   |                             | Yes      No                 |       |
| ○ If yes, how many classrooms: _____   |                             |                             |       |
| ○ If yes, how many slots: _____  |                             |                             |       |
| 4. Are you in good standing with DHS?  |                             | 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 (other than SUCCESS)? |                             | 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:  |     |    |         |

**Enrollment Information:**

1. The average NUMBER of children enrolled who:

- (a) receive CCAP subsidies: \_\_\_\_\_
- (b) are in Head Start slots: \_\_\_\_\_
- (c) are in Pre-K slots: \_\_\_\_\_

2. Please fill out the following table:

	<i>Infant</i>		<i>Toddler</i>		<i>Preschool &amp; Pre-Kindergarten</i>	
<i>Served by our program</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i># of Classrooms (Total)</i>						
<i># Licensed Slots/ Approved Capacity</i>						
<i># Enrolled on average</i>						
<i># Classroom Staff</i>						