

Early Learning Program Information Form

Please send completed form by email (SUCCESS@brownhealth.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:

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