



# Early Learning Program Information Form

Please send completed form by email ([SUCCESS@brownhealth.org](mailto: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                   |        |    |         |    |                              |    |