CENTER PROFILE

T.E.A.C.H. Early CHildhood® COLORADO

As a T.E.A.C.H. Early Childhood® COLORADO participating center or home program, our scholarship funders require data collection as part of our contract with them. We cannot continue to award students scholarships without having this information. We will be asking you to update this form annually. This form will replace the information that you have been providing on the Center Participation forms

Thank you for your assistance in keeping T.E.A.C.H. funds available!

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Capacity: \_\_\_\_\_\_\_\_ Current Enrollment: \_\_\_\_\_\_\_\_\_ Desired Enrollment: \_\_\_\_\_\_\_\_\_\_

Center Auspice: [ ] Profit [ ] Nonprofit [ ] School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box of funding received for your program:

[ ] Head Start [ ] Title I [ ] Denver Preschool Program (DPP)

[ ] Early Head Start [ ] IDEA [ ] Colorado Preschool Program (CPP)

[ ] State Head Start [ ] State Subsidies: Contracts

[ ] State Pre-K [ ] State Subsidies: Vouchers

Do you accept CCCAP children? [ ] Yes [ ] No

If yes, how many CCCAP children are currently enrolled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you NAEYC accredited? [ ] Yes [ ] No

Other nationally recognized accreditation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colorado Shines QRIS rating (please circle):

 Level 1 Level 2 Level 3 Level 4 Level 5

Number of teachers/employees sponsored with the T.E.A.C.H. scholarship last year? \_\_\_\_\_\_\_\_

How many children are in your program who do not have English as their primary language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children are currently in your programs that are experiencing homelessness? \_\_\_\_\_\_\_\_\_\_\_\_\_

How many children are currently in your program who reside on Indian lands? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children are currently in your program who are living in migrant families? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children are currently in your program who are children of recent immigrants? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children are currently in your program who are living in foster care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children are currently in your program who have special needs? (Including but not limited to having an IFP or IEP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return form by email or mail to:

 Shannon Hall

 Director of Workforce Supports

Early Childhood Council Leadership Alliance (ECCLA)

4891 Independence St. Suite 140

Wheat Ridge, CO 80033

shannon@ecclacolorado.org

720.899.3047

*ECCLA is the voice for Early Childhood Councils as they work to ensure that all Colorado children are valued, healthy, and thriving.*

**4891 Independence St., Suite 140 | Wheat Ridge, CO 80033 | Ph: (720) 588-2840 |** [**www.ecclacolorado.org**](http://www.ﬁrst5ventura.org) **| info@ecclacolorado.org**

INTERNAL USE: Revision Date 11/5/20