



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, we need updated information to continue providing accurate and quality services to your program and T.E.A.C.H. recipients. We will be asking you to update this form annually. If change occurs to your program, please feel free to send an updated form so we can ensure accurate recordkeeping. Thank you for your continued support of our early childhood professionals! Return form by email or mail to Shannon Hall at shannon@ecclacolorado.org

Date: _____

Name of Center: _____

License #: _____ License Type: _____

Mailing Address: _____ City: _____ Zip: _____

County: _____

Center Phone: _____ Center Email: _____

Center Website: _____

Director Name: _____ Director Email: _____

Licensed Capacity: _____ Current Enrollment: _____

Center Auspice: Profit Nonprofit School District _____

Please check the box of funding received for your program:

- | | | |
|---|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> Denver Preschool Program (DPP) |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA | <input type="checkbox"/> Colorado Preschool Program (CPP) |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts | |
| <input type="checkbox"/> State Pre-K | <input type="checkbox"/> State Subsidies: Vouchers | |

Do you accept families participating in CCCAP? Yes No

If yes, how many families are currently enrolled? _____

Are you NAEYC accredited? Yes No

Other nationally recognized accreditation: _____

Colorado Shines QRIS rating:

- Level 1 Level 2 Level 3 Level 4 Level 5