**Child Care Center Worksheet**

*Thank you for taking the time to complete this worksheet*. By providing the required information in this format (and hopefully before your site visit or phone conversation), you have given your Buell Program Officer an opportunity to gain a better understanding of the program, which allows for a more productive and meaningful site visit. If you have any questions, just ask!

**Date**: Click here to enter a date.

**Organization Name**: Click here to enter text.

**Hours of operation:** Click here to enter text.

[ ]  Full-day [ ]  Part-day [ ]  School year only [ ]  Year-round

**General Enrollment (for all questions, exclude school-age children)**

1. Currently enrolled:

|  |  |  |
| --- | --- | --- |
| # Infants | # Toddlers | # Preschoolers |
|  |  |  |

1. Licensed slots:

|  |  |  |  |
| --- | --- | --- | --- |
| # Infant Slots | # Toddler Slots | # Preschool Slots | Total Licensed Slots(excl. school-aged) |
|  |  |  |  |

1. Preferred capacity (full time equivalents):

What is the preferred capacity at any one time? For example, if you have a full-day classroom that can serve 16 children, then 16 is your capacity. If you have a half-day classroom with a morning and afternoon session that can each serve 16 children, then your capacity is also 16 FTE.

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1. Average daily attendance (full time equivalents):

Like the previous question, please calculate the FTE for the day. If your full-day classroom has an attendance of 16 most days, then your average daily attendance is 16. If your part-day classroom generally has 16 children in the morning session and 14 in the afternoon session, then the average daily attendance for that classroom is 15 FTE.

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1. Total number of classrooms:

|  |  |  |
| --- | --- | --- |
| # Infant Rooms | # Toddler Rooms | # Preschool Rooms |
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1. Do you have Head Start/Early Head Start slots? [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| If yes,  | Number of Slots | Federal Allocation Per Child |
| Head Start |  |  |
| Early Head Start |  |  |

1. Do you accept CCAP? [ ]  Yes [ ]  No

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| --- | --- |
| If yes, # CCAP currently enrolled |  |

Do you limit CCAP slots? [ ]  Yes [ ]  No

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| --- | --- |
| If yes, # slots |  |

1. Do you have CPP slots? [ ]  Yes [ ]  No

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| If yes, # slots |  |
| # CPP currently enrolled |  |

1. Do have a waitlist? [ ]  Yes [ ]  No

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| If yes, # on waitlist |  |

1. Do you have Special Education slots? [ ]  Yes [ ]  No

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| --- | --- |
| If yes, # currently enrolled |  |

1. Are any of your students English Language Learners? [ ]  Yes [ ]  No

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| --- | --- |
| If yes, % of enrolled students who are English Language Learners |  |

Fees

1. Please **attach a copy** of your most recent fee structure.
2. How do your fees compare to the rest of the community?

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1. Do you use a sliding scale? [ ]  Yes (please attach a copy) [ ]  No
2. Full pay families

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| --- | --- |
| How many students pay full fees? |  |
| What % of your enrollment does that represent? |  |

1. Is tuition assistance available? [ ]  Yes [ ]  No

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| --- | --- |
| If yes, how many children receive that support? |  |
| What % of your enrollment does that represent? |  |
| How do you determine the level of tuition or scholarship assistance? |  |

1. Low-Income families

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| --- | --- |
| How do you define low-income? For example, free and reduced lunch, a set % of federal poverty rate, HUD guidelines, Colorado self-sufficiency standard, CCAP definitions by county. |  |
| What % of children enrolled would be considered low-income? |  |

Key ECE components

1. What early childhood curriculum/curricula is/are used at your center, and why did you choose this one?

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1. It is an expectation of the Buell Foundation that grantees utilize a comprehensive child assessment to measure school readiness for each child and provide aggregated growth outcomes for the most recently completed program year.
	1. What assessment tool is used to gauge child progress? Please describe all of the ways children are assessed. If Teaching Strategies GOLD is used, please attach the most recent end-of-school-year aggregated growth report that shows Fall and Spring checkpoints. If you are using another format, please provide aggregated data for all domains measured for the most recently completed program year.

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* 1. Have all staff been trained on how to administer the assessment tool and/or on observational assessment? [ ]  Yes [ ]  No
	2. What were the key learnings from the most recent assessments? What stands out in your growth outcomes?

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* 1. As a result of the outcomes from the most recent program year, what adjustments, if any, in instruction, assessment, training or other areas have been/will be made?

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1. Does your center implement kindergarten transition activities? Please describe those activities, including any partnerships with local schools and/or districts.

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1. What kindergarten entry assessment does the local school district use?

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1. What strategies do you use to engage parents?

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1. It is an expectation that grantees progress through the Colorado Shines quality rating process, ultimately working toward Level 3 to 5.

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| What is your Colorado Shines rating? |  |
| Are you scheduled for an on-site quality rating in the future? If so, when? |  |

Staff

1. Staff totals:

|  |  |  |
| --- | --- | --- |
| # Directors | # Teachers | # Assistants |
|  |  |  |

1. Staff education: How many staff have the following degrees? Please only list the highest degree for each person and note if the degree is not related to the early childhood field.

|  |  |  |
| --- | --- | --- |
| Associate’s Degrees | Bachelor’s Degrees | Master’s Degrees |
|  |  |  |

Please list any other notable qualifications (e.g. Montessori certified):

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**Nutrition and Physical Activity**

1. Nutrition
	1. What meals, if any, does your organization provide? Do you participate in a food reimbursement program (CACFP)? If no, why not?

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* 1. Does your center have food and nutrition policies and practices in place? If yes, please describe. If no, why not?

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* 1. Does your center implement a nutrition curriculum/program? If yes, which one and why that one? Are teachers trained in the program? If no, why not?

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1. Physical Activity
	1. How much combined structured and unstructured physical activity do children receive daily?

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* 1. Do you implement a physical activity curriculum/program? If yes, which one and why that one? Are teachers trained in the program? If no, why not?

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1. Does your center have a screen time policy? If yes, please share a copy with us. If no, why not?

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**Other:**

*During the site visit, your Program Officer will ask about what your continuous quality*

*improvement goals are for the coming year. Please be prepared to share your thoughts.*