



Dear Child Care Providers:

In 2015 Early Learning Ventures (ELV) was awarded \$3.1 million annually by the Office of Head Start to serve 240 eligible children and families, using ELV's shared services network in four Colorado Counties: Arapahoe, Garfield, Mesa, and Pueblo.

Through a competitive process, Early Learning Ventures seeks partnerships with licensed child care centers and family child care homes within the designated Counties serving eligible children and families.

Complete applications with supporting documents will only be considered.

For questions about this process, clarification and assistance with the application, please contact Tim Garcia at 303-789-2664 ext. 232 or via email at tgarcia@earlylearningventures.org.

Participation Requirements

1. Program must have a child care license in good standing.
2. Program must be participating in or is willing to participate in CACFP.
3. Program must be participating in or is willing to participate in CCCAP.
4. Program must be participating in or is willing to participate in ELV Shared Services at Tier 2.
5. Program must be participating in Colorado Shines or willing to participate.
6. Program is willing to implement evidence-based curriculum
7. Program is willing to participate in a gap analysis prior to executing contract, which includes sharing current financial documents such as audits, taxes, budgets, etc.
8. Program must have or willing to obtain appropriate insurance coverage.
9. Program teachers have minimum CDA credential or alternative or are willing to obtain within 1 year.
10. Program staff and parents must be supportive.
11. Program must submit all documents as outlined in application.

Respectfully,

Tim E. Garcia

Director of Child Care Partnerships



EHS-CC Partnership Application

Center Name: _____ Owner/Director: _____ Phone Number: _____

Address: _____ City: _____ County: _____ Zip: _____

Program Schedule (circle one): **1**) Full-day-Part-Year **2**) Full-day-Full-Year **3**) Extended-day-Full-Year

0-3 age classrooms: _____ adult to child ratios: _____ # infant/toddler staff: _____ Infant/Toddler Capacity: _____

of infants/toddlers enrolled: _____ # of children receiving CCAP: _____ # of children receiving TANF: _____

of children on SSI: _____ # of homeless children: _____ # of Foster children enrolled: _____

Required Documents: Submit a copy of the following documents with this signed application

#	Document Name	#	Document Name
1	Child Care License	9	Food Program Agreement (CACFP)
2	Child Care License Status Report	10	CCCAP/TANF Fiscal Agreement
3	Business License (if applicable)	11	Most Recent Colorado Shines Rating
4	Teacher Transcripts	12	Financial Statements (Budget, audit)
5	Teacher Credential Certificates	13	Program Policies and Procedures
6	CPP Agreement (if applicable)	14	Insurance Certificate
7	Copy of permission form to share family information (Parental Consent)	15	Statement of commitment from program staff
8	List of birth dates of enrolled children ages 0-3 (no names/other identifying information)	16	Program Published Tuition Rates

Staff Credentials: For each designated position below, circle all that apply for each staff member.

1. Center Director – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
2. Infant Teacher 1 – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
3. Infant Teacher 2 – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
4. Toddler Teacher 1 - (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
5. Toddler Teacher 2 – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
6. Toddler Teacher 3 – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
7. Toddler Teacher 4 – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
8. Additional I/T Teacher/Floater – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)
9. Additional I/T Teacher/Floater – (CDA, CO EC Professional Credential, Some college in ECE, AA in ECE, BA in ECE)



Program Need: In 2-4 sentences, please respond to the following questions or statements.

Describe your programs greatest strengths:

Describe your programs greatest challenges:

Describe why your program would be a good fit for the ELV / Early Head Start Child Care Partnership:

Commitment: I understand the expectations of the ELV/ Early Head Start Child Care Partnership and am ready to move to the next step in the application process.

Center / Family Child Care Authorized Personnel

Printed Name

Position

Signature

Date

ELV Representative- Application Verified By:

Printed Name

Position

Signature

Date

For Office Use Only: Date Program is approved for EHS CC Partnership: ____/____/____

Approving Signature #1

Approving Signature #2
