Program:

Application for Program Approval

Program Information Form

Please retain a copy of the completed application for your records.

Application Type

Check all that apply

- ☐ CECE Renewal Approval – Number of applicant classrooms:
- ☐ CECE Initial Approval – Number of applicant classrooms:

Program Information

Program Name:

- If you are a Child Care Center, your program name is the name of your center.
- If you are a Charter or Public School, your program name is the name of the school.

☐ Check if physical address and mailing address are the same address.

Physical Address: **Apt/Suite:**

City: **State:** **Zip Code:**

Mailing Address: **Apt/Suite:**

City: **State:** **Zip Code:**

Program Phone: **Program Fax:**

Program Email: **Program Website:**

FEIN# / SSN# / School Code:
If you are a Child Care Center, please enter your Federal Employer Identification Number.
If you are a Charter School, please enter LEA ID.
If you are a Public School, please enter School Code.

Primary Contact Information

Name:

Title:

Phone:

Email:

Program:

Program Characteristics

Check all that apply.

- ☐ For Profit
- ☐ Non-Profit
- ☐ Incorporated
- ☐ Religious organization affiliation
- ☐ Employer-sponsored
  Name of Employer: _____
- ☐ Head Start Program
- ☐ Public School

- ☐ NAEYC Accredited No:_____
  Expiration Date: _____
- ☐ BrightStars Rated
  Star Rating: _____ Renewal Date: _____
- ☐ BrightStars application in process
  Application date: _____
- ☐ Other:_____

Hours of Operation

Complete the table below indicating the hours your program is open. Programs operating split sessions will use both grids.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

Enrollment

Total Licensed Capacity: **Total Current Enrollment:**

Age group	Licensed Capacity	Total Enrollment
Infants (6 weeks – 18 months):		
Toddlers (18 months – 3 years)		
Preschool (3-5 years)		
Kindergarten		
School-age (5-12 years)		

Program Calendar

➲ **email** program calendar.

Languages

Languages spoken:

☐ By Children
- ☐ Spanish
- ☐ English
- ☐ Other _____
- ☐ Other _____

☐ By Staff
- ☐ Spanish
- ☐ English
- ☐ Other _____
- ☐ Other _____

Program:

Governance/Ownership Information

Check applicable governance structure. Scan, save and email organizational chart.

- ☐ Individual Owner
- ☐ Public School
- ☐ Corporation
- ☐ Board/Committee
- ☐ Parent Company Name/Other:

Governance/Ownership - Primary Contact Information

Name:

Title:

Phone:

Email

Funding Sources

Check all that apply:

- ☐ Parent-paid fees
- ☐ Head Start or Early Head Start
- ☐ Individuals with Disabilities Education Act - IDEA
- ☐ State Pre-Kindergarten (Pre-K)
- ☐ Child Care Assistance Program - CCAP
- ☐ Other Source:
- ☐ Child and Adult Care Food Program - CACFP
- ☐ Medicaid - KIDSConnect
- ☐ Grants i.e. United Way
- ☐ Quality Improvement Grant

Floor Plans - Program Floor Plan

email a map of your program/school's floor plan.

Include and label the following:

- main entry
- access to playground
- additional entries and exits
- windows and skylights
- classrooms
- children's bathrooms
- diapering facilities (as appropriate)
- sinks
- children's cubbies/persona l items storage
- designated adult space(s)
- adult bathroom(s)
- access to drinking water

Floor Plans - Playground Map & Schedule

Email a playground schedule. **email** a map of the playground area. If more than one playground is used by children, please complete a separate map and schedule for each playground.

Your map must include:

- the ages of children that use the playground
- the dimensions of the playground
- location of the program in relationship to the playground
- fencing, with entrances and emergency exits noted

Program:

- playground structures
- access to drinking water
- access to shade

Inspections

Scan, save and email the following documentation

➲ email evidence of public water supply (water bill or letter from Public Water Supply Company) **OR** Department of Health Water Quality Certificate (if well water)

➲ email a recent Health and Safety Consultation Report prepared by OSHA or a private health and safety consultant or provide evidence of scheduled consultation (for free consultation contact: http://www.health.ri.gov/programs/oshaconsultation/)

➲ email Lead free/safe Inspection Report

➲ email Asbestos free/safe Inspection Report

➲ email Radon test report – within last three years

Staffing

Program Level Staffing

Please provide information for core program-level staff
- Administrator
- Education Coordinator
- Nurse

Title	First Name	Last Name	Maiden Name or Alias	Date of Birth	Work days & hours	Active First Aid Certified	Active Pediatric CPR Certified
Administrator						Yes ☐ No ☐	Yes ☐ No ☐
Ed. Coordinator						Yes ☐ No ☐	Yes ☐ No ☐
Nurse						Yes ☐ No ☐	Yes ☐ No ☐
Other (optional)						Yes ☐ No ☐	Yes ☐ No ☐
Other (optional)						Yes ☐ No ☐	Yes ☐ No ☐

Other Adults

Please provide information for program-level educational support staff (e.g. Special Education Aide, Physical Therapist, or Occupational Therapist).

Title	First Name	Last Name	Maiden Name /Alias	# Hours/Week