



Dear Child Care Providers:

Early Learning Ventures (ELV) is funded by the Office of Head Start to make Early Head Start services available to 350 eligible infants, toddlers, and their families, using ELV's staffed network model in six Colorado Counties: Adams, Arapahoe, Garfield, Mesa, Morgan and Pueblo.

Through a rolling 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 Ty Johnson at 303-789-2664 ext. 272 or via email at childcarepartnerships@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,

Ty Johnson
Director of Child Care Partnerships



EHS-CC Partnership Application

Program Name (as licensed): _____ Owner/Director: _____ Phone Number: _____

Full Address: _____ County: _____

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

0-3 age classrooms: _____ Adult: Child ratios: _____ # Infant/Toddler staff: _____ Infant/Toddler Licensed 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 credential listed below, please indicate the number of staff that are current:

1. CDA - Infant/Toddler or Family Child Care:
2. CO EC Professional Credential:
3. EQIT:
4. Some college in ECE:
5. Associate Degree in ECE:
6. Bachelor Degree in ECE:
7. Advanced Degree in ECE:
8. Other Degree:
9. Other Related Certification:



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
