## PROGRAM PARTNER PROFILE AND ASSURANCES

Check **one**:

* Child Care Center 🞎 Early Head Start 🞎 EarlySteps 🞎 NSECD
* Charter School 🞎 Head Start 🞎 School District

**Community Network/Parish Name:** New Orleans Early Education Network (Orleans Parish

Program Partner Name:

Physical Address:

Mailing Address:

Primary Contact Name and Title:

Telephone: ( ) - Email:

|  |  |  |  |
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| Age Group *If a classroom includes children from more than one age group, the classroom’s age group is determined by age of the majority of the children.\** | **NUMBER OF CLASSROOMS BY TYPE OF FUNDING** Note that we are NOT looking for a child count here-just classrooms. | | TOTAL Number of Classrooms |
| Number of Classrooms with **at least one child** who is publicly funded  *“Publicly funded” includes CCAP, LA4, NSECD, Early Head Start, Head Start, 8(g), special education & local taxes* | Number of Classrooms with **only** children whose families pay tuition |
| Infants (birth to 18 months) |  |  |  |
| Toddlers (15 to 36 months) |  |  |  |
| Preschool (3 to 5 years) |  |  |  |
| **Total # of classrooms containing children under age 5** |  |  |  |
| \* For example, if a classroom includes six 8-month olds (infants) and three 24-month olds (toddlers), the classroom will be considered an infant classroom because a majority (66% in this case) of children are in the infant age group. | | | |

| **Initials:** | **Assurances for Community Network Program Partners**  ***(Each Program Partner Lead Administrator must complete)*** |
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|  | The program partner listed above assures that all guidelines and requirements for implementing the Early Care and Education Act (Act 3 of 2012) will be followed and additionally agree to: |
|  | * Support administrators, teachers and other staff to use Louisiana’s new *Birth to Five Early Learning and Development Standards, CLASS,* and *Teaching Strategies GOLD* or an approved alternate assessment*;* |
|  | * Participate in *CLASS* observations, specifically allowing two *CLASS* observations per each publicly-funded classroom; |
|  | * Participate fully in the required letter grade profile system in the *2015-16 Learning Year;* and; |
|  | * Participate fully in the Community Network’s Coordinated Enrollment Process and not run a separate application process for families of publicly-funded children. |

Signature of Leader/Chief Administrator Agency

Title Email address

Printed Name Telephone number