**Urban Strategies, Inc.**

**New Website Design**

Greeting Directors- As you all have been informed, Urban Strategies, Inc. is currently developing a new company website. The website will have tabs for each site within the agency. Your clients, customers, and employees will now be able to access all information and forms regarding the services you provide through the company website. Please comprehensively and completely fill out the attached application so that we can properly represent your site on the website.

**General Information**

 Site Name and Address:

Urban Strategies Early Learn 3

1084 Elton Street, Brooklyn, NY 11239

**Please complete one of these forms for each of your sites**

718-348-0211

Contact Information For Site Phone:

usdaycare1@aol.com

Contact Information for Site Email:

718-348-0250

Contact Information For Site Fax:

Mohamed Usman/718-348-0211

Contact Information For Director (Name and Phone):

718-348-9349; umohamed3@yahoo.com

Contact Information For Director

Description of Site, Program, or Services (may include a brief history): **(Please be detailed)**

 Urban Strategies Early Learn is a comprehensive child development program which serves low income children and their families in the East New York community of Brooklyn, New York. Our program serves children three to five years who belong mostly to the neediest in the community. The program promotes school readiness through the provision of a broad range of educational, social, health, mental health, nutritional and other related services with the goal of enhancing the cognitive and social development of pre-school children, including those with disabilities.

 The Early Learn Center located at 1091 Sutter Avenue is a Dual model meaning it serves all child care, Head Start and Dual children. Child Care slots are mostly for those children of parents who are working for over twenty (20) hours per week, earns low income and are accepted by Human Resources Administration and Administration for Children's Services.

 Families qualify for our Head Start program if they have income below the federal poverty line or they are a recipient of a public assistance, or are homeless, or have a foster child in their care, or if their child has a diagnosed disability. Some families are allowed to enroll even if they exceed the allowed over income enrollment with family incomes ranging between the 100% and 130% of the federal poverty line only when income eligible participants are exhausted. Dual slots are for those families who meet both the Head Start and child care criteria.

 In 5 words list/ explain how do you want your site to be perceived ex fun, professional, resourceful etc.

Quality, safe, nurturing, supportive, diversified.

**Services**

The program offers Education, Nutrition, Health and Safety, Social Services and Parent Involvement.

List of all Services (20 words max):

Service Descriptions (Please be detailed)

To provide developmentally appropriate educational practices in a well-equipped, print-rich, nurturing, comfortable & safe environment.

Description of Service 1:

To continue to build on the nutritional awareness and practice at the Center and the homes of our children including workshops and training.

Description of Service 2:

To ensure the child's present and future health through providing preventive services, including ongoing education and literature.

Description of Service 3:

To continually recruit children who belong to the neediest family in the community, to provide referral to families to meet their needs, goals.

Description of Service 4:

To enjoin parents to undergo training and be actively involved in different aspects of the program and be good partners in the education of their children.

Description of Service 5:

Please describe the process to register/ apply for your services (Please Be Detailed):

The Social Services staff determines if the family meets the eligibility criteria for the program. Once the criteria has been met, the parent is asked to submit a list of documents such as the child's birth certificate, immunization record, proof of address, physical and dental exam record, etc. Upon submission of all required documents, the parent is asked by the family worker to fill out an application form. Once the family is approved, the family needs assessment is accomplished by the parent together with the family worker to determine their needs and goals.

 **Additional Activities**

List and Explain any Additional Activities: (Please be detailed)

Disability Services - To provide screening, identification, evaluation, intervention and mainstreaming services to children with special needs.

Mental Health - To provide children and/or obtain family members with necessary mental health resources and assistance, leading to a healthy and positive environment.

UPK Program - It enhances the education of 4-5 year old preschool children by providing more funds to enhance the children's learning environment, finance more field trips for the children's active learning and provide more professional development for the teachers.

Transition Program - To enable 4-5 year old graduating children to adjust better in their new kindergarten environment by providing them and their parents with training on good transitioning strategies as well as educational tours to different neighboring public schools.

**Partners**

Please list and explain within one to two sentences any key partners your site works with.

Dr. Betty Shabazz Heath Center

Partner 1 Name:

Provides children and families with health and nutritional services.

Explanation 1:

Healthy Smile

Partner 2 Name:

Provides dental screening and dental services to the children.

Explanation 2:

Comprehensive Child Center, Inc.

Partner 3 Name:

Evaluation of disabilities and provides on-site intervention to children with disabilities.

Explanation 3:

Cool Culture

Partner 4 Name:

Provides children and their families with cultural and educational hands- on experience through free visits to museums and parks.

Explanation 4:

**Pictures:**

Please describe any visuals you would like to see on your webpage:

**Please submit electronic pictures for your webpage (pictures must be clean and clear). Any youth depicted in pictures must have a waiver from your site. (See waiver attached)**

**Forms**

Forms include all documents for registration, sign up, hiring, etc. that people must fill out to get access to your services. We want to transition these forms to be accessible and/ or submitted online. Please list all the forms you would like your customers/ clients to access online. Please also attach a clean electronic copy as well as a original copy of each form with your submission. Additional paperwork for your form include any additional items that must be submitted for form completion i.e. copy of license, health form, etc. Please note if online submission will not be allowed and onsite submission is required.

Application Form

Form 1 Name:

To obtain information on the applicant. On-site submission.

Form 1 Purpose and Submission process:

Proof of address, photo ID card, health insurance card, birth certificate, income verification, etc.

Additional paperwork (for form 1):

Selection and Enrollment Criteria Form

Form 2 Name:

To determine the eligibility and priority in enrollment of the applicant. On-site submission

Form 2 Purpose and Submission process:

Additional paperwork (for form 2):

Consent for the Child to Receive Screening and Examination

Form 3 Name:

To ask consent from parent or guardian on health screening, home visit, etc. On site submission

Form 3 Purpose and Submission process:

none

Additional paperwork (for form 3):

Emergency Contact

Form 4 Name:

When parent/guardian is not available, to identify the contact person. On-site submission

Form 4 Purpose and Submission process:

none

Additional paperwork (for form 4)

Food Restriction Form

Form 5 Name:

For medical, ethnic and religious reason, food are restricted to be given to the child. On-site submission

Form 5 Purpose and Submission process:

Doctor's note

Additional paperwork (for form 5):

Brief Respiratory Questionnaire

Form 6 Name:

To manage asthma ailment of the children in the Center. On-site submission

Form 6 Purpose and Submission process:

Child's medical record, doctor's note

Additional paperwork (for form 6):

Photo Consent Form

Form 7 Name:

Permission of the parent/guardian to take picture or video of the child. On-site submission

Form 7 Purpose and Submission process:

none

Additional paperwork (for form 7):

Trip Permission Consent Form

Form 8 Name:

To ask permission from the parent or guardian for the child to go on field trip. On-site submission

Form 8 Purpose and Submission process:

none

Additional paperwork (for form 8):

Residency Questionnaire

Form 9 Name:

Questions regarding children's housing and living condition. On site-submission

Form 9 Purpose and Submission process:

none

Additional paperwork (for form 9):

Contact Card

Form 10 Name:

To obtain medical history and immunization record of the child. On-site submission

Form 10 Purpose and Submission process:

Immunization and medical record

Additional paperwork (for form 10):

The program offers school readiness, computer literacy, music and movement, physical fitness, arts and crafts and special education. It also offers free breakfast, lunch and snack and full day program is available. Our staff speaks English, Spanish and Bengali.

**Additional Information**

Please use this space to represent any additional information you believe is needed to properly represent your site