## Application: Employer-Based Child Care Design Lab

Welcome! This is the application to participate in the 2024 Design Lab to support the development of employer-based child care business plans, facilitated by Executives Partnering to Invest in Children (EPIC) on behalf of the Colorado Department of Early Childhood (CDEC).

This information will help us learn more about your organization(s) and where you are in your planning process. There are no "correct" answers or readiness scores, so please answer honestly based on your project and partnership.

\* Required

Abo	About the organization(s)		
1.	What is the name of the lead employer interested in participating in the Design *Lab?		
2.	If there are other employers or partner organizations who will be a part of the Design Lab process with the lead employer, please list them here:		
3.	Please provide the name, title, and email address for the primary contact for this process		
4.	What type of organization is the lead employer? *		
	Mark only one oval.		
	For-profit organization		
	Non-profit organization		
	Government agency		
	Other:		

What industry does the lead employer operate within? *
Check all that apply.
K-12 education
Higher education
Government
Healthcare
Private sector, not early childhood affiliated
Non-profit, not early childhood affiliated
Early childhood care & education
Other:
How many employees does the lead employer have?
f you are partnering with other employers, how many employees do the other
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## Project status & work to date

The following scales will help us understand how far along you are with various elements of your plan. On the scales below, consider 1 as "we have not yet begun to discuss this topic" and 10 as "we are ready to implement and no more planning/design is needed"

9.	The "why" of the project, value to employees and to the employer(s) *	
10. hours	Understanding employee needs (# estimated slots needed, location preferences, s of care)	*
11. 12.	Financial modeling for center operations (inclusive of tuition levels, staff * compensation, likely employer commitment, etc.)  Early childhood educator workforce planning (value proposition for educators, pipe development)	line
13. resp 14.	Governance and partnership models for child care operations (where ponsibility for the program will lie, who will support it, etc.)  Decision maker (CEO, Board, other ultimate decision maker) buy-in and support *	*
15.	Facility identification (1 is no facility/location identified and 10 is comprehensive planning and design for facility completed)	*
16.	How many children do you estimate will be served by the child care program? (answer TBD if not yet known)	*
17.	What ages of children do you expect will be served by the child care program? (select all that apply, answer TBD if not yet known)	*
	Check all that apply.  Infants (2 months-12 months)  Toddlers (12-36 months)  Preschoolers (3-5 years old)  School-Age (children in K-12)  TBD	
18.	Have you spoken with Colorado Child Care Licensing about this project? *  Mark only one oval.	
	Yes No I don't know	

19.	If you have spoken with Child Care Licensing, who was the conversation with?
20.	Please share an overview of where you are in developing a vision/plan for the employer-based child care program. What was the genesis of this idea? How far along are things? What is decided? What are the open questions?
21.	Please share how your project is "employer-based" in nature. To what degree is it * focused on employees vs. the broader community?
22.	What type of information and/or support would be most helpful to advance your thinking and business plan for the employer-based child care?
23.	Do you have a target facility or facilities identified for the child care program? *
	Mark only one oval.
	Yes
	No Skip to question 27
	Maybe
	Facility information
24.	Would you own or lease the facility for the child care program? Is it currently contracted?
	Mark only one oval.
	Lease - not yet under contract
	Lease - under contract
	Own - not yet owned or under contract
	Own - currently owned or under contract
	Not yet sure
25.	Which county would the proposed/identified facility be in? *
26.	What is the address of the proposed/identified facility?
27.	What is the estimated cost for the development of the facility? (TBD if not known)

28. Please provide any additional context for the facility elements of the project that would help us to understand where you are in the process.

## Commitment

29. I understand that in order to participate in the Design Lab that we commit to 3 hrs \* per week to advance the work, and will have a designated point person who can access organizational data, key decision-makers, and coordinate among project team members.

Mark only one oval.
Yes
I have questions about this and will email <a href="mailto:employerdesignlab@coloradoepic.org">employerdesignlab@coloradoepic.org</a> to clarify

30. Please share the name, function, title, and email of your Design Lab point person, if available.