Center Locations and Contacts

Edit Center Name and Information:

ave Cancel						
fields marked with * are	mandatory.					
nter data and addresses.	are not sent to ECLKC.	and longitude) enter	ed into HSES is shared with the ECU	KC's Head Start L	ocator. Note	that Family Child Care (FCC)
enter Informat	ion					
Center Name:" 🦻						
	Address Line 1:	8501 S Ashland	Ave	100000	Timot	
	Address Line 2:				1.11	
	City:	Chicago			- T -	
	State	1L	1			
Street Address:" 🥨	ZP + 4:	60620 - 4710		-		
	County:	Cook County	General			
	Congressional District	IL-001	and Maphers	Terms of the		
	Congressional Representative	 Bobby Rush 				
	edit location					
centier or family child can Head Start children receil	r site, defined as a child care provider where Head Start/Earl re services under a partnership intractor or sub-recipient?	r Oγes € N	•			
is this center owned by the program?		1 Yes				
Is there federal interest in	this center? (7)	C Yes				
Has the federal interest b	een filed?	Tres.				
Are you providing Early H center?	ead Start services through this	Add Early He	Add Early Head Start Type and Classes / Groups			
rograms and T	heir Class/Group I		McCodery Community Services			
Program Type:	Head Start	and the second				
Phone Number:		1 1.				
			Classes / Groups 🕐			
			and a state of the	Language		Schedule*
Classes /	Groups * Pr	ogram Option *	Program Option Variation*	of Instruction*	Slots'	M T W T F S S
	Chee	se One 👻	Not Applicable	Choose v		0000000
enter class/group name						

New Questions to be added not Shown Above:

- Does this center participate in the state or local quality rating and improvement system (QRIS)?
 - Yes/No/QRIS is not yet available (i.e., no state or local QRIS, or QRIS still in development) [comment box]
- Does this center have a state license to operate?
 - Yes/No, this center is exempt/No, this center is not licensed for another reason [comment box]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

License Definition: Licensing is a process administered by state and territory governments that sets a baseline of requirements below, which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some states may call their regulatory processes "certification" or "registration."

Edit Location:

ck on the "continue" link. The system will then run a checking process, and if it can ident ngressional district from the address, it will skip that step.
8501 S Ashland Ave
Chicago
IL V
60620 - 4710

	×	¥6	Locate Address on Map
Мар	Satellite		Locate Address on map
		Providence Missionary Baptist	F 7
	Shorewoo	d Bible	
	Church	Address shown: 8501 S Ashland A	ve, Chicago, IL 60620, USA
		V	
		Address provided: 8501 S Ash	land Ave, Chicago, IL, 60620-4710
W 85th S		V I on	
Paul	Mar	Jellybean Learning Center	🙃 Mi 🐣 el
	hfie	6	+ V of God Chi
	d'Av	Ashland	Little Baby's Child
			Care Se +
		Ave	
		Anointed By	
		Christ Church	

Edit Programs and Their Class/Group Information:

Program Type:	Head Start				
Phone Number:		·			
		Classes / Groups 😲			
Classes / Groups *	Program Option *	Program Option Variation*	Language of Instruction*	Slots"	Schedule" M T W T F S S
enter class/group name	Choose One 👻	Not Applicable	Choose v		0000000

Edit Contacts:

Save Cancel

All fields marked with * are mandatory.

Head Start Contact Information							
	Prefix	First Name	Last Name	Suffix	Email	Phone	
Authorizing Official/ Board Chair:*	Ms. 🗸						
Title:							
CEO/Executive Director:*	Ms. 🗸						
Title:							
Chief Financial Officer:*	Mr. 🗸						
Policy Council Chair:	Ms. 🗸						
Head Start Director:*	Ms. 🗸						

Early Head Start Contact Information							
	Prefix	First Name	Last Name	Suffix	Email	Phone	
Authorizing Official/ Board Chair:*	Ms. 🗸						
Title:							
CEO/Executive Director:*	Ms. 🗸						
Title:							
Chief Financial Officer:*	Mr. 🗸						
Policy Council Chair:	Ms. 🗸						
Head Start Director:*	Ms. 🗸						