



Wake County SmartStart

2009-10 Quality Enhancement and Maintenance Initiative Application

Please fill out application completely and print clearly. Only complete applications will be considered. Mail completed application to Wake County SmartStart, ATTN: QEI/QMI, 1121 Situs Court, Suite 250, Raleigh, NC 27606

GENERAL INFORMATION:

Facility Name _____ Center or Home (circle one)

Contact Person _____ Title _____

Mailing Address _____

City

State

Zip Code

Physical Location if Different from Mailing Address _____

Facility Phone # _____ Facility Fax # _____

Email _____

PROGRAM INFORMATION:

Date License Issued _____ Licensing Consultant _____

License Capacity (**copy of license must be attached**) _____

Total number of children enrolled ages birth to five _____ Total number of classrooms _____

of infant rooms _____ # of toddler rooms _____ # of preschool rooms _____

of infants enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of toddlers enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 2's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 3's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 4's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 5's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

Does the center collect full payment from all parents? _____

Does the center/home accept subsidy? _____

Total number of subsidized children birth to five (**DSS subsidy sheets must be attached**) _____

Number of children birth to five with identified special needs (those having an IEP or IFSP) _____

License Level 1 STAR 2 STARS 3 STARS 4 STARS 5 STARS GS 110-106

Number of years in operation _____

Number of years licensed _____

License Points

Staff Education _____ Program Standards _____ Quality Point _____ Compliance History _____

Has any action occurred that would change the current status of the center's license, or is any action pending that could lead to change in the status of your license (such as a stop action or notice of administrative action)?

If yes, please explain.

Is the Center/Home NAEYC or NAFCC accredited? _____ If yes, when? _____

Profit Status Non-Profit For-Profit

What are your expected results/outcomes of participating in this initiative and how do you anticipate improving the quality of your center or home?

What star rating is the center trying to achieve? _____

When do you anticipate applying for increased licensure? _____

Have you previously participated in Wake County SmartStart's Quality Enhancement Initiative? _____

If yes, when and explain.

Are you currently working with CCSA on Professional Development? _____

I have completed this application to the best of my knowledge. I understand that if any information is found to be false, the applicant will be ineligible to receive the grant.

Signature Title Date

The QEI/QMI is funded by Wake County SmartStart, an organization that works to ensure that children are prepared for success in school and in life.

For office use: QEI _____
QMI _____