



**Wake County SmartStart
2011-2012 Quality Enhancement and Maintenance Initiative
Application for Participation**

*Please print clearly.
Only complete applications will be considered for participation.*

General Information:

Facility name _____

Mailing address _____

City, St., Zip _____

Physical location if different from mailing address _____

Facility phone # _____ Facility fax # _____

Director's name _____ Director's email _____

Program Information:

- Licensed capacity _____ (**attach a copy of the facility's license**)
of infant rooms _____ # of toddler rooms _____ # of preschool rooms _____
- Total number of children enrolled ages birth to five _____ Total number of classrooms _____
- If your program is not currently running enhanced space and enhanced ratios, would it be possible for your program to reduce staff-child ratios and/or increase space per child in order to earn more points in the program standards section of the star-rated license? _____ Yes _____ No
- Does the facility accept subsidy? _____ Yes _____ No
- Total number of subsidized children birth to five _____
(**attach most recent DSS subsidy reimbursement sheets**)
- Number of children, birth to five, with identified special needs (those children having an IEP or IFSP) _____
- If necessary, would administrative and teaching staff be willing to enroll in Early Childhood Education coursework in order to increase points in Education Standards? _____ Yes _____ No

