



Wake County SmartStart
2015-16 Improving and Sustaining Quality Child Care Application
(For centers having 1-4 Stars)

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:

1. Facility's licensed capacity _____ (**attach a copy of the facility's license**)

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

Total number of classrooms for children birth to five _____

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

2. 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

3. Does the facility accept subsidy? ____ Yes ____ No

Total number of subsidized children birth to five _____

(attach most recent DSS subsidy reimbursement sheets)

4. Number of children, birth to five, with identified special needs (those children having an IEP or IFSP) ____

5. 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

License Information:

1. License level ☐ 1 Star ☐ 2 Stars ☐ 3 Stars ☐ 4 Stars
2. Director's NC Early Childhood Administrative Credential Level
☐ Currently Obtaining ☐ Level I ☐ Level II ☐ Level III
3. Quality Point ____ Yes ____ No
How did you earn your quality point? _____
4. Date license issued _____ Licensing Consultant _____
5. Number of years the facility has been licensed _____
6. What star rating is the center trying to achieve? _____
7. Is any action pending against the facility that could lead to a change in the status of your license (such as a stop action or notice of administrative action)? ____ Yes ____ No
8. If yes, yes please explain _____
9. Please check any program(s) that you are working with:
 - ☐ CCSA - Accreditation Technical Assistance
 - ☐ CCSA - Directors Leadership Academy
 - ☐ CCSA - Healthy Social Behaviors Initiative
 - ☐ CCSA - Infant Toddler Quality Enhancement Initiative
 - ☐ CCSA - Quality Improvement Initiative
 - ☐ CCSA - Child Care Services Association
 - ☐ CCHC - Child Care Health Consultant Quality Improvement Program
 - ☐ WCSS - Improving and Sustaining Quality Child Care

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.

Date _____

Mail completed application to:
Wake County SmartStart, Attn. QE Dept
4901 Waters Edge, Suite 101
Raleigh, NC 27606

****Please be sure to attach a copy of the facility's license and subsidy verification.***

Improving and Sustaining Quality Child Care is funded by Wake County SmartStart, an organization that works to ensure that children, birth to 5, are prepared for success in school and in life.