



2023 - 2024 Quality Enhancement 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 birth to five

Total number of classrooms for children birth to five

# of infant rooms # of toddler rooms # of two 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. 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. How might you be able to maximize the strengths of the families enrolled in your program to improve children's outcomes?
10. How does your center ensure racial equity at your program; share examples of activities/policies your childcare facility engages in:

**Please check any program(s) that you are currently working with:**

- WCSS - Improving and Sustaining Quality Child Care
- CCHC - Child Care Health Consultant Quality Improvement Program
- CCSA - Infant Toddler Quality Enhancement Initiative
- CCSA - Quality Improvement Initiative
- CCSA - Healthy Social Behaviors Initiative
- CCSA - Accreditation Technical Assistance
- Other: \_\_\_\_\_

**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 services.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Scan and Email completed application to:  
 ECI@wakesmartstart.org**

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