



2023-2024 Quality Maintenance Child Care Application
Temporary low intensive support services to any center serving subsidy.
See below for the list of services being offered.

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 _____

Services Needed: (check up to three items)

- 2 ITERS and 2 ECERS assessments with typed out report for Director (total of 4 classrooms of your choice)
- 2 ITERS and 2 ECERS room arrangement
- ITERS and ECERS training for staff
- Material checklists

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. Does the facility accept subsidy? ___Yes ___ No

Total number of subsidized children birth to five _____

(Attach most recent DSS subsidy reimbursement sheets)

License Information:

1. License level 1 Star 2 Stars 3 Stars 4 Stars 5 Stars

