



**Application to Participate in the QUALITYstarsNY Field Test  
School- or Center-Based Sites**

Please complete one application for each site – the physical location where early care and education services are provided. Please mail to: Sam Stephens, CAPD, 1622 Riverside Drive, Trenton, NJ 08618. If you have questions, please contact your lead agency.

Applications are due by February 19, 2010.

<b><i>Name of school district or agency</i></b>	
<b><i>District or agency contact person</i></b>	
<b><i>Telephone &amp; e-mail address of district or agency contact</i></b>	Telephone: E-mail Address:
<b><i>Name of program or classroom site</i></b>	
<b><i>Site contact person</i></b>	
<b><i>Telephone &amp; e-mail address of site contact</i></b>	Telephone: E-mail Address:
<b><i>Physical location of program or classroom site</i></b>	Street Address:  City: Zip Code:
<b><i>Mailing address of program or classroom site</i></b>	<input type="checkbox"/> Same as Physical Location Address: City: Zip Code:
<b><i>Hours program or classroom is open to serve children</i></b>	Opening time: Closing time:
<b><i>Type of sessions offered (please check all that apply)</i></b>	If the program is in a school, do not include kindergarten or other grade sessions. <input type="checkbox"/> Morning session <input type="checkbox"/> Afternoon session <input type="checkbox"/> Full-day session <input type="checkbox"/> School-year (September-June) session <input type="checkbox"/> Full-year session
<b><i>Organization operating program or classroom site (please check one):</i></b>	<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> For-profit Organization <input type="checkbox"/> Other – please describe:

<b>NY regulating agency</b>	<input type="checkbox"/> NYS Office of Children and Family Services (OCFS) <input type="checkbox"/> NYC Department of Health and Mental Hygiene <input type="checkbox"/> NYS Education Department
<b>License number(s) (if applicable)</b>	
<b>Licensed capacity</b>	Infants/Toddlers:                  Preschool:                  School-Age Care:
<b>Total number of children enrolled</b>	If the program is in a school, do not include children enrolled in kindergarten or other grades. Infants/Toddlers:                  Preschool:                  School-Age Care:
<b>Total number of classrooms</b>	If the program is in a school, do not include children enrolled in kindergarten or other grades. Infants/Toddlers:                  Preschool:                  School-Age Care:
<b>Type of educational services offered (please check all that apply)</b>	<input type="checkbox"/> UPK <input type="checkbox"/> Other preschool <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Special needs only classroom <input type="checkbox"/> Integrated classroom with special needs children <input type="checkbox"/> Other – please describe:
<b>Total number of teachers</b>	If the program is in a school, do not include kindergarten or other grade teachers.
<b>Total number of assistant teachers, aides, or other classroom staff</b>	If the program is in a school, do not include kindergarten or other grade classroom staff.
<b>Estimated percent of children whose home language is not English</b>	<input type="checkbox"/> None                                  Estimated percent: Most common languages:
<b>Estimated percent of children with special educational or medical needs</b>	<input type="checkbox"/> None                                  Estimated percent:
<b>Estimated percent of children who have an IEP or IFSP</b>	<input type="checkbox"/> None                                  Estimated percent:
<b>Types of need-based financial assistance used by enrolled families to pay program fees</b>	<input type="checkbox"/> No fees are charged to attend programs at this site <input type="checkbox"/> No need-based assistance is available at this site <input type="checkbox"/> Scholarships <input type="checkbox"/> Sliding fee scale <input type="checkbox"/> Public child care subsidies or vouchers (payments received for child care services from the local department of social services) <input type="checkbox"/> Other assistance – please describe:
<b>Estimated percent of children receiving any need-based</b>	<input type="checkbox"/> No fees are charged to attend programs at this site <input type="checkbox"/> No children receive need-based financial assistance to pay program fees Estimated percent of children who receive need-based financial assistance:

<b><i>financial assistance</i></b>	
<b><i>Years in operation at this site</i></b>	
<b><i>Program affiliation, if any (please check all that apply)</i></b>	<input type="checkbox"/> College/University <input type="checkbox"/> Employer-sponsored <input type="checkbox"/> Faith-based institution <input type="checkbox"/> Hospital <input type="checkbox"/> Military installation <input type="checkbox"/> Indian tribe <input type="checkbox"/> Parent cooperative <input type="checkbox"/> US government facility <input type="checkbox"/> State government facility <input type="checkbox"/> Public housing <input type="checkbox"/> Community Action (CAP) agency <input type="checkbox"/> Other – please describe:
<b><i>Accreditation status:</i></b>	<input type="checkbox"/> None <input type="checkbox"/> Currently accredited by NAEYC -- please give accreditation # & date:  <input type="checkbox"/> Currently accredited by another national organization – please list accrediting body(ies), accreditation #(s), and date(s):
<b><i>Primary language(s) used by most of program staff</i></b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other – please describe:
<b><i>Other information about this program site relevant to participation in the QUALITYstarsNY field test</i></b>	



## Classroom Information Form for School- or Center-Based Sites

Please complete the following form for each classroom or group with children from birth through age five at the site applying to participate in the QUALITYstarsNY field test; if the site is in a school, do not include kindergarten or other grade classrooms. If a classroom is used for both morning and afternoon sessions, please complete a separate line for each session. Please use additional forms as needed.

**School or Center Name** \_\_\_\_\_

Classroom or Group Name or Number	Session (check one)	Age Range of Children (years and/or months)	Current Enrollment	Number of Staff Assigned	Program Type (check all that apply; please note that none may apply)	Any Children... (check all that apply; please note that none may apply)
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full-day	Youngest:  Oldest:			<input type="checkbox"/> UPK <input type="checkbox"/> Other preschool <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Special needs only classroom <input type="checkbox"/> Integrated classroom with special needs children <input type="checkbox"/> Language other than English is used – SPECIFY: <input type="checkbox"/> Child Care	<input type="checkbox"/> Whose home language is not English  <input type="checkbox"/> Who have an IEP or IFSP  <input type="checkbox"/> Who receive a child care subsidy or voucher (payment from the local department of social services)
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full-day	Youngest:  Oldest:			<input type="checkbox"/> UPK <input type="checkbox"/> Other preschool <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Special needs only classroom <input type="checkbox"/> Integrated classroom with special needs children <input type="checkbox"/> Language other than English is used – SPECIFY: <input type="checkbox"/> Child Care	<input type="checkbox"/> Whose home language is not English  <input type="checkbox"/> Who have an IEP or IFSP  <input type="checkbox"/> Who receive a child care subsidy or voucher (payment from the local department of social services)

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