

APPLICATION FORM

The Accreditation/Quality Improvement Project

Name of Program _____ Director _____

Address _____ Phone _____

1. Times of operation of the program? Hours: _____
Days of Week: _____ Months per Year: _____
2. How long has the program been operating at this site? Years / Months: _____
3. What is the total number of children enrolled in the program? _____
4. Provide the number of children enrolled by developmental level:
_____ Infants (birth-12 months) (_____) (# of staff)
_____ Toddlers (13-35 months) (_____) (# of staff)
_____ Preschoolers (age 3-5 years) (_____) (# of staff)
_____ School-age (age 6 and up) (_____) (# of staff)

Please circle 'Yes' or 'No' for the following items:

5. Is the program currently meeting licensing regulations & on non-probationary status? Yes No
6. Is the center a CCMS (Child Care Management System) vendor? Yes No
7. Is the program a Designated Vendor? Yes No
8. Does the program operate within the City of Austin? Yes No
9. Does the program provide religious instruction or have religious symbols or decorations in the classroom? If yes, explain. Yes No
10. Does the program have a non-discriminatory policy for employees or families in the center's application or acceptance process? Yes No
11. Does your program serve 51% of families with low to moderate income? Yes No
12. If the program is selected to participate, will scholarship applicants verify family income information by completing a written questionnaire? Yes No
13. Will the program promote quality by working toward lower child/staff ratios? Yes No
14. Will the program promote quality by increasing staff training, qualifications, and compensation? Yes No
15. What funding sources support the program? (Please provide *estimated percentage of funding* received from each source.)
_____ % Parent tuition
_____ % Public funds (specify below)
_____ % Community funds (specify below)
_____ % Church contributions
_____ % Employer contributions
_____ % Other (specify below)

16. If the program has a governing board or advisory board, describe the composition of the group and its function.
17. What is the purpose of the program? (Describe the type of program; for example, a care center, half-day preschool, Head Start, etc.)
18. What is the philosophy of the program?
19. (a) What training does the program require of teachers?
- (b) What training does the program provide for teachers?
20. Describe your current staff using the following chart:

Staff Qualifications

Staff member and job title- initials or first name only					
Years of relevant experience					
Date of employment in this program					
<i>Check if achieved:</i> High school diploma/GED					
College degree					
CDA credential					
ECE state certification					
Elementary Education certification					
# of college units in Early Childhood Education (be specific)					

21. Describe how the children in the program spend their day. (*Please attach a sample lesson plan and schedule if available.*)
22. How does the program handle discipline in the classroom?
23. What are some of the materials used in:
- (a) the two year old classroom:
- (b) the four year old classroom:

24. Describe the outside play area, including:

(a) Equipment:

(b) Activities:

25. What does the program believe is important in helping children feel good about themselves?

26. Describe the ways parents are involved in the program.

27. Does the staff think that children enjoy the program? Describe some of the ways children show their enjoyment.

28. Does the staff seem to enjoy working in the program? Describe some of the ways staff show their enjoyment.

29. Is the staff willing to work toward program improvements, including monthly training and consultation?

30. Is the director willing to work toward program improvements, including scheduling for staff training, and to attend monthly support group meetings?

31. If appropriate, will the center's Board or owner sign a letter of support for the program's participation in the Center Accreditation Process with the Child Care QIP?

32. If your center is accepted, will your center staff sign a Training Agreement, agreeing to participate in the scheduled training?

33. If your application is accepted, will you agree to submit information about your center's staff development and demographics regularly for the next three years?

Signature of person preparing application

Date

Title

Return this application to:

Quality Improvement Project
Child Development Department
Austin Community College
3401 Webberville Road
Austin, Texas 78702
(fax 223-5220)

Thank you for your interest in the Quality Improvement Project.

Questions? Call Sue Gartner, 223-5202 • e-mail: sgartner@austin.cc.tx.us

website: <http://www2.austin.cc.tx.us/sgartner>