



VIRGINIA STAR QUALITY INITIATIVE

Application for Programs: 2009-2010

PART ONE: Program Information

SECTION I

This program is a (select all that apply):

Licensed Child Day Center

Site Name

License #

For Profit

Not For Profit

Virginia Preschool Initiative

Name of VPI Grantee

Site Name

Center Exempt from Licensure

Site Name

File number if regulated by VDSS (as it appears on VDSS letter certifying exemption)

Head Start

Name of Head Start Grantee

Site Name

Other

Explain

Program Name

Tax ID#

** Please send to your local coordinator by mail or email a copy of the most recent documentation verifying that this program is in good standing with applicable regulatory requirements. (For VPI classrooms, a copy of the latest site visit checklist will be provided by the Department of Education.)

SECTION II

Primary Program Contact

Title

Physical Address

City

State

Zip

City/County

Mailing Address

City

State Zip Area Code Phone

Area Code FAX Email

Please provide the following information if it is different from above.

Owner/Operator or Sponsoring Organization

Address

City

State Zip Area Code Phone

SECTION III

Days of Operation Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Operation from to

Is your facility open at least 180 days per year? yes no

Total number of children enrolled What is the capacity of your facility?

Please complete all applicable categories:

	Infants 0-12 months	Young Toddler 13-24 months	Toddlers 25-36 months	3-year olds	4-year olds	5-year olds	School Age	Total Enrolled
Can you serve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
# Enrolled								

What percentage of children enrolled at this site speak English as a second language?

What percentage of children enrolled at this site receive:

Child care subsidies from Department of Social Services? Head Start

Special education or early intervention (Parts B and C of IDEA) Virginia Preschool Initiative

Other kinds of subsidies or scholarships (private)

Do you participate in the USDA Nutrition program? yes no

If yes, what percentage of children enrolled at this site are eligible for free or reduced-price meals under USDA nutrition programs?

What percentage of children enrolled at this site have identified disabilities or special needs?

SECTION IV

Admissions/Enrollment, Fees, and Waiting List

What are your weekly (5-day) fees? If your fees are based on monthly charges, please recalculate for this application and provide the weekly amount. (Please leave the areas of the chart blank that do not apply to you.)

	Infant 0-12 months	Young Toddler 13-24 months	Toddler 25-36 months	3-year olds	4-year olds	5-year olds	School Age
Full Day							
Half-Day							

Do you maintain a waiting list? yes no Do you currently have children on the waiting list? yes no

	Infant	Young Toddler	Toddler	3-year olds	4-year olds	5-year olds	School Age	Total on Waiting List
	0-12 months	13-24 months	25-36 months					
# on Waiting List								

SECTION V

Did this program participate in the Virginia Star Quality Initiative? 2007-2008 2008-2009

If yes, how many classrooms in this facility were rated?

Is this program currently accredited? Yes No

If yes, by which accrediting organization?

Do you use any recognized child assessment tools, (e.g. PALS, Brigance, etc.)? Yes No

If yes, please list the assessment tools used.

SECTION VI

	Infants	Young Toddler	Toddler	3-year olds	4-year olds
	0-12 months	13-24 months	25-36 months		
Total # of classes with this age range					
Maximum # of children in classroom					
Staff to Child Ratio					

Date

Name and Title