



Early Care and Education Career Development Center

Muskie School of Public Service/USM  
PO Box 9300, 34 Bedford St., Portland, ME 04104-9300  
1-888-900-0055

[www.muskie.usm.maine.edu/maineroads](http://www.muskie.usm.maine.edu/maineroads)

**Maine Roads to Quality  
Accreditation Facilitation Project**  
*Application for NAEYC Cohort  
2009*

PLEASE PRINT CLEARLY IN INK

1. Name of Center: \_\_\_\_\_  
(Please use this name – or its abbreviation – consistently throughout the application)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Educational Coordinator (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email (if different): \_\_\_\_\_

2. Licensed Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_ No. of Subsidized Slots: \_\_\_\_\_

For programs with school age children only: Enrollment minus school age children \_\_\_\_\_

Total number of families served: \_\_\_\_\_

Year round \_\_\_\_\_ School Year only \_\_\_\_\_

Separate summer program \_\_\_\_\_ If so, please describe the nature of your program.

Date of issue of first license from DHHS: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Name of licensing worker \_\_\_\_\_

Date of first accreditation: \_\_\_\_\_ Accreditation Expiration Date: \_\_\_\_\_

Which of the following best describes your center? (Please check all that apply)

- For profit corporation
- Non-profit corporation
- Head Start agency
- Contracted child care agency
- Public entity (such as a school)
- College or University
- Private Nursery School

Hours of Operation: \_\_\_\_\_

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3. Please attach a copy of your current license (Please mark as *Attachment 1*)

Does the program have any current or past licensing violations?  Yes\*  No

\*(If yes, please attach list, dates, and program response)

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4. Classroom and ages of children served:

**NOTE:** NAEYC Accreditation includes children ages birth through kindergarten. Please do NOT include school age children older than kindergarten in these classroom names. If a group includes kindergarteners as well as primary grade children, the group will be assessed on the K criteria if at least half of the group are kindergarten children. If less than 1/2 of the children are K aged, you would not need to include this group.

1. Classroom name \_\_\_\_\_ Ages \_\_\_\_\_ Teachers \_\_\_\_\_ Enrollment \_\_\_\_\_

2. Classroom name \_\_\_\_\_ Ages \_\_\_\_\_ Teachers \_\_\_\_\_ Enrollment \_\_\_\_\_

3. Classroom name \_\_\_\_\_ Ages \_\_\_\_\_ Teachers \_\_\_\_\_ Enrollment \_\_\_\_\_

4. Classroom name \_\_\_\_\_ Ages \_\_\_\_\_ Teachers \_\_\_\_\_ Enrollment \_\_\_\_\_

5. Classroom name \_\_\_\_\_ Ages \_\_\_\_\_ Teachers \_\_\_\_\_ Enrollment \_\_\_\_\_

6. Classroom name \_\_\_\_\_ Ages \_\_\_\_\_ Teachers \_\_\_\_\_ Enrollment \_\_\_\_\_

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5. Describe your center's goals and objectives, including brief program activity examples through which these goals are met. (Please mark as *Attachment 2*)

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6. What type of assessment tool on children does your program use? \_\_\_\_\_

How frequently is assessment done? \_\_\_\_\_

How does this assessment guide curriculum planning? \_\_\_\_\_

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7. What is the percentage of turnover per year of your classroom staff for the past 3 years?

(No. of staff who left / No. of staff employed in program = Percent turnover – Approximate.)

2006: \_\_\_\_\_%

2007: \_\_\_\_\_%

2008: \_\_\_\_\_%

Please describe the reasons for the turnover (be as specific as possible): \_\_\_\_\_

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8. In order to be selected for the cohort you must be a member of the National Association for the Education of Young Children (NAEYC).

Are you currently a member? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, a membership form may be printed from [www.naeyc.org](http://www.naeyc.org)

Please indicate the date in which you submitted your payment: \_\_\_\_\_

9. In order to be selected for the cohort you must be a member of the Maine Roads to Quality Registry?

Are you currently a member? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, you may apply online at: [www.muskie.usm.maine.edu/maineroads](http://www.muskie.usm.maine.edu/maineroads)

10. Are you a member of Quality for ME?

Log on to [www.maine.gov/dhhs/ocfs/ed/occhs/qualityforme.htm](http://www.maine.gov/dhhs/ocfs/ed/occhs/qualityforme.htm) to register.

Priority in the cohorts will be given to those providers who are at Step 3 on the Quality for ME Scale.

Please complete the appropriate form below and have it signed by either the Board Chair or Program Owner.

**Board of Directors Acknowledgement**

The undersigned Chairman of the Board of \_\_\_\_\_ (“Center”) hereby acknowledges that pursuant to a vote of the Center’s Board of Directors on \_\_\_\_\_, 200\_\_\_\_, the following actions were approved:

1. To seek accreditation of the Center by the National Association for the Education of Young Children (NAEYC).
2. To participate in a local support system project administered under the auspices of the Accreditation Facilitation Project (AFP), in connection with the NAEYC Accreditation Process.

Date: \_\_\_\_\_ Chairman, Board of Directors: \_\_\_\_\_  
Printed Name of Chairman: \_\_\_\_\_

**Owner Acknowledgement**

The undersigned Owner of \_\_\_\_\_ (“Center”) hereby acknowledges and avers that the Center has no Board of Directors and that the owner and director have full authority:

3. To seek accreditation of the Center by the National Association for the Education of Young Children (NAEYC).
4. To participate in a local support system project administered under the auspices of the Accreditation Facilitation Project (AFP), in connection with the NAEYC Accreditation Process.

Date: \_\_\_\_\_ Owner’s Signature: \_\_\_\_\_  
Printed Name of Owner: \_\_\_\_\_

**Please return your completed Application to:**

Sonja Howard  
USM/Muskie School of Public Service  
P.O. Box 9300  
Portland, ME 04104-9300

*Maine Roads to Quality* is funded by the Maine Department of Health and Human Services, Office of Child and Family Services, Early Childhood Division and is located at the University Of Southern Maine, Muskie School Of Public Service.



**Director Credentials.**

Indicate the level of education, specialized training, years of experience, and memberships.

*The educational qualifications of the administrator is a required criterion to be a candidate for accreditation*

*Director's Name:*

| Formal Education (list type of degree and major) | Credit hours in early childhood education or related field | Credit hours in administration, leadership or management | Training hours in leadership or management | Years of administrative experience | Years of employment in current program | Years of administrative experience in NAEYC Accredited program | Certifications (specify) | Member of Maine Roads Registry | Member of NAEYC |
|--|--|--|--|------------------------------------|--|--|--------------------------|--------------------------------|-----------------|
|  |  |  |  |                                    |  |  |                          |                                |                 |
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If the criterion or alternative pathway is not met for the program administrator, is there a plan to meet the criterion within 5 years? Please detail.

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