



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 NAFCC Cohort  
 2009 – 2010*

– PLEASE PRINT CLEARLY IN INK

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

Address: \_\_\_\_\_ Town/City \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_  
 Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Certification Capacity: \_\_\_\_\_ Current Enrollment (full time equivalent): \_\_\_\_\_  
 Date of issue of first License/Certificate from DHS: \_\_\_\_\_  
 Expiration date of current certificate: \_\_\_\_\_  
 Have you been licensed before in another state? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES, for how long? \_\_\_\_\_  
 Please include a copy of your current certificate (Please mark as *Attachment 1*)

3. Indicate the numbers of children in each age range served:

Age Range	# of Children (please list)
Infants (birth to 12 months)	
Toddlers (13 to 36 months)	
Preschool (three to five years)	
School-Age (K and beyond)	

4. Do you work alone? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If NO, please list the other caregivers in your home.

NAME	# of Hours Per Week

5. What are your daily hours of operation? \_\_\_\_\_

6. What is the highest level of education you have completed? (If you have a degree, please specify): \_\_\_\_\_  
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7. What are your future work goals in the field of child care and early education? \_\_\_\_\_

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8. Please comment on the issue of professionalism in the child care and early education field. \_\_\_\_\_

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9. How many families do you serve in each of the following categories?

_____ private fee	_____ voucher slots (DHHS/ASPIRE)
_____ HomeStart	_____ contracted slots (CCDF)
_____ Other (please specify) _____	

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10. Describe your philosophy of education as it relates to your childcare program. \_\_\_\_\_

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11. Describe a typical day (you may attach a schedule – mark as “Attachment 2”) \_\_\_\_\_

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12. Explain how you discipline the children in your home. \_\_\_\_\_

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13. Do you participate in the Child and Adult Care Food Program (CACFP)? \_\_\_\_\_

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14. When did you first hear of accreditation and from what source? \_\_\_\_\_

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15. What qualities do you have that make you a good candidate for this program? \_\_\_\_\_

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16. What would you like the families that participate in your program to say about you and your influence on their child at their child’s High School graduation? \_\_\_\_\_

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17. In order to be selected for the cohort you must be a member of the National Association for Family Child Care (NAFCC).  
Are you currently a member? YES \_\_\_\_\_ NO \_\_\_\_\_  
If NO, a membership form may be printed from [www.nafcc.org](http://www.nafcc.org)  
Please indicate the date in which you submitted your payment: \_\_\_\_\_

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18. 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)

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19. In order to be selected for the cohort your program must be enrolled with Quality for ME.  
Is your program enrolled with Quality for ME? YES \_\_\_\_\_ NO \_\_\_\_\_  
If NO, log on to [www.maine.gov/dhhs/ocfs/ed/occhs/qualityforme.htm](http://www.maine.gov/dhhs/ocfs/ed/occhs/qualityforme.htm) to enroll.  
Priority in the cohorts will be given to those providers who are at Step 3 on the Quality for ME Scale.

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**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.