



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

**Maine Roads to Quality
 Accreditation Facilitation Project**

*Application for NAFCC Cohort
 2010 – 2011*

– 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. License Number: _____ Current Enrollment (full time equivalent): _____
 Expiration date of current certificate: _____
 Does the program have any post licensing violations? _____
 What is your licensing workers name? _____
 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): _____

7. What are your future work goals in the field of child care and early education? _____

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

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) _____

10. Describe a typical day (you may attach a schedule – mark as “Attachment 2”) _____

11. Explain how you discipline the children in your home. _____

12. Do you participate in the Child and Adult Care Food Program (CACFP)? _____

13. When did you first hear of accreditation and from what source? _____

14. 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

Please indicate the date in which you submitted your payment: _____

-
15. 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

-
16. 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 to enroll.
Priority in the cohorts will be given to those providers who are at Step 3 on the Quality for ME Scale.
If YES, what step are you on? _____

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.