



Muskie School of Public Service/USM
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1-888-900-0055
www.muskie.usm.maine.edu/maineroads

**Maine Roads to Quality
Accreditation Facilitation Project**
*Application for NAEYC Cohort
2010*

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

Hours of Operation: _____



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)

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 _____



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

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

How frequently is assessment done? _____

How does this assessment guide curriculum planning? _____

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.)

2007: _____% 2008: _____% 2009: _____%

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

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

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

9. In order to be selected for the cohort all staff must be members of the Maine Roads to Quality Registry.

Are all staff currently members? YES _____ NO _____

If NO, staff may apply online at: www.muskie.usm.maine.edu/maineroads

10. In order to be selected for the cohort, your program must be a member of Quality for ME.

Is your program enrolled with Quality for ME? YES _____ NO _____

If NO, you must log on to <http://www.qualityforme.org/qcare/login.aspx> 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.

Attachment 3



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

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.
