



Muskie School of Public Service/USM
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www.muskie.usm.maine.edu/maineroads

Maine Roads
Accreditation Facilitation Project
Application for School-Age
Programs
2010

PLEASE PRINT CLEARLY IN INK

1. Name of Program: _____
 (Please use this name – or its abbreviation – consistently through the application)

Address: _____

City: _____ State: _____ Zip: _____

Director: _____

Phone: _____ Fax _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

2. Licensed Capacity: _____ Current Enrollment: _____ No. of Subsidized Children: _____

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

- | | |
|---|---|
| <input type="checkbox"/> For profit corporation | <input type="checkbox"/> Non-profit corporation |
| <input type="checkbox"/> Head Start agency | <input type="checkbox"/> Contracted child care agency |
| <input type="checkbox"/> Public entity (such as a school) | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| <input type="checkbox"/> 21 st Century | |

Total number of families served: _____

Indicate the numbers of children and staff in each age range served:

Name of Classroom	Ages	# of Children	Group Size	# of Full-Time Staff	# of Part-Time Staff	# on Waiting List

Hours of Operation: _____

3. Date of issue of first license from DHHS: _____ Date of exp. of current license: _____

License exempt: _____


Who is your licensing worker? _____


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)

Please attach a copy of your policy on reporting suspected abuse/neglect (Please mark as *Attachment 2*)

4.  Describe your program’s goals and objectives, including brief program activity examples through which these goals are met. (Please mark as *Attachment 3*)

5.  Describe activities and involvement of your program in teaching an anti-bias curriculum. Include specific examples of programming materials, activities, and policies. (Please mark as *Attachment 4*)

6.  Please list the different ways you involve parents in your program. (Please mark as *Attachment 5*)

7.  Indicate the level of education attained by your staff by completing the chart (*Attachment 6*). In order to be selected for the cohort, all staff must be members of the Maine Roads to Quality Registry. Are all staff members of the Maine Roads to Quality Registry? Yes No
If NO, staff can register online at <https://mrtq.musk.usm.maine.edu/public/login.aspx>.

8. In order to be selected for the cohort you must be a member of Quality for ME (if applicable). Are you a member of Quality for ME? Yes No
If NO, log on to www.maine.gov/dhhs/ocfs/ed/occhs/qualityforme.htm to register.

9. Have you initiated the self-study process with COA (Council on Accreditation)?
 Yes No
Please indicate the point at which you are currently working: _____

10. Do you serve children with special needs? Yes No
If so, how many special needs children do you serve currently? _____

11. 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)

2007 _____% 2008 _____% 2009 _____%

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

Do you do an exit interview when staff leaves your program? If so, what have you learned from this in the past year? _____

12. Please check the methods you use to improve staff compensation:

- Pay stipend to staff for mentoring new staff
- Wage increases tied to increased experience, training and education
- Wage increases tied to promotion
- Scheduled wage increases
- Partnership with public school to offer pre-k
- Other (please explain) _____

13. Health Insurance Benefits for Staff. Please check one of the following:

- Health insurance not available
- No health insurance payments covered (employees pay all costs)
- A portion of cost is covered
- 100% of cost is covered

14. What other benefits do you provide to your staff? Please check all that apply.

- Dental insurance
- Disability insurance
- Retirement plan
- Paid vacation
- Paid sick time/personal days
- Paid break time for staff
- Paid parental leave
- Tuition
- Reduced rates for children of staff
- Financial assistance for in-service workshops, conferences, etc.
- Other: (please specify) _____

15. 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 _____ hereby acknowledges that pursuant to a vote of the Program's Board of Directors on _____, 20____, the following actions were approved:

1. To seek accreditation of the program by the Council on Accreditation (COA).
2. To participate in a local support system project administered under the auspices of the Accreditation Project connection with the COA Accreditation Process.

Date: _____ Chairman, Board of Directors: _____
Printed Name of Chairman: _____

Owner Acknowledgement

The undersigned Owner of _____ (Program) hereby acknowledges that the Program has no Board of Directors and that the owner and director have full authority:

3. To seek accreditation of the Program by the Council on Accreditation (COA)
4. To participate in a local support system project administered under the auspices of the Accreditation Project, in connection with the COA Accreditation Process.

Date: _____ Owner's Signature: _____
Printed Name of Owner: _____

*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.*

Staff Education Level

Attachment 6

Indicate the level of education attained by your staff by completing the chart below. (Please make copies of this sheet as necessary and attach.)

	Program Administrator	Site Director	Senior Group Leader	Group Leader/Teacher	Asst. Group Leader/Asst. Teacher	Aide/Volunteer
Less than High School						
High School or GED						
Some College						
CDA						
1 Yr. Cert. In ECE (credit bearing)						
AA						
BA/BS						
MA/MS						
Doctorat						
Specify Major for Each Degree						
# of Years ECE Experience						
Hourly Pay Rate						