



ACCREDITATION FACILITATION PROJECT

*A Collaboration between Bank Street College,
Child Care Inc., and Federation of Protestant Welfare Agencies*

APPLICATION

DATE: _____

AGENCY INFORMATION:

Agency: _____

Address: _____

Telephone: _____ Fax _____ Email: _____

Executive Director: _____

Other Senior Child Care Staff/Title: _____

Total # of childcare sites: _____ Total # of children served: _____

Ages of children served: _____ Total number of classrooms: _____

Type of services provided (please indicate # of children served in each component)

Day Care _____ Head Start _____ Early Head Start _____

FDC: ____ GFDC: ____ UPK: ____ After school: ____ Other: _____

Total number of sites NAEYC accredited: _____

SITE INFORMATION: (for the site requesting support)

Site: _____

Address: _____

Telephone: _____ Fax _____ Email: _____

Director's Name: _____

of years Director in position: _____

of children served: ____ # of classrooms: ____ Ages of children: _____

Type of service provided at site: Day Care ___ Head Start ___ Early Head Start _____
FDC ___ GFDC ___ UPK ___ After School ___ Other: _____

Hours of service: _____

Funding Sources: (check all that apply) Head St ___ ACS ___ UPK ___ Early Head St ___
Private ___ Other _____

DOH Licenses # & Expiration Dates: _____

Total number of teachers: _____

Total # of teachers w/ Provisional Certification: _____ Permanent Certification: _____

Study Plan: _____ No certification ___ Certificate of Qualification (CQ) _____

ACCREDITATION STATUS:

Does/will your Board of Directors provide support toward accreditation efforts?

Financial _____ Personnel _____ Other _____

Describe the efforts _____

What other administrative and programmatic support is available to your accreditation efforts?

Describe support _____

Do you have a program person responsible for accreditation efforts? Y _____ N _____

If no, who will be assigned? _____

Name & position: _____

Are you currently in the self-study process? YES ___ NO ___ ID # _____

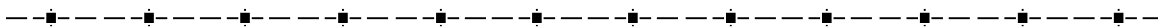
If yes, date started _____ Anticipated completion date: _____

If you are not presently involved in the self study process, are you prepared to purchase the NAEYC self study materials? Yes _____ No _____

How did you hear about *Quality New York*? _____

Authorized signature: _____
(If multi-site agency, Executive Director signature required)

Print name & position: _____



PLEASE attach the following documents with your application, if available

- ÿ Program brochure/flyer
- ÿ Roster of staff development activities last year
- ÿ Mission statement
- ÿ Copy of your license

ÿÿ PLEASE also answer the questions on the attached page

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