

2025 – 2026 Preventing Obesity by Design (POD) Application
Please print clearly. Only complete applications will be considered for participation.

General Information:

Facility name _____

Mailing address _____

City, St., Zip _____

Physical location if different from mailing address _____

Facility phone # _____ Facility fax # _____

Director's name _____ Director's email _____

Program Information:

1. Facility's licensed capacity _____ **(attach a copy of the facility's license)**

Total number of children **enrolled** birth to five _____

Total number of classrooms for children birth to five _____

of infant rooms _____ # of toddler rooms _____ # of two rooms _____ # of preschool rooms _____

2. Does the facility accept subsidy? ____ Yes ____ No

Total number of subsidized children birth to five _____

(Attach most recent DSS subsidy reimbursement sheets)

Total number of NC Prek and/or Wake Threeschool children enrolled _____

(Attach most recent WTS or NC Prek Bridgecare Enrollment)

3. Does the facility participate in child and adult food program (CACFP)? ____ Yes ____ No

If yes, which one? _____

If no, are you willing to apply for one ____ Yes ____ No

4. Does the facility use the Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) tool to assess and improve the health of the young children? ____ Yes ____ No

License Information:

1. License level ☐ 1 Star ☐ 2 Stars ☐ 3 Stars ☐ 4 Stars ☐ 5 Stars
2. Date license issued _____ Licensing Consultant _____
3. Number of years the facility has been licensed _____
4. Is any action pending against the facility that could lead to a change in the status of your license (such as a stop action or notice of administrative action)? ____ Yes ____ No
- If yes, yes please explain _____
5. How might participation in POD activity positively impact your childcare facility?
6. How might you be able to maximize the strengths of the families enrolled in your childcare facility to improve children's outcomes?
7. How does your center ensure racial equity at your program, share examples of activities/policies your childcare facility engages in?

Please check any program(s) that you are currently working with:

- ☐ ☐ WCSS - Improving and Sustaining Quality Child Care
- ☐ WCSS - Preventing Obesity by Design (POD)
- ☐ ☐ WCSS - NCPrek
- ☐ ☐ WCSS - ThreeSchool
- ☐ ☐ CCHC - Child Care Health Consultant Quality Improvement Program
- ☐ ☐ CCSA - Infant Toddler Quality Enhancement Initiative
- ☐ ☐ CCSA - Child Care Services Association
- ☐ ☐ CCSA - Healthy Social Behaviors Initiative
- ☐ ☐ CCSA - Accreditation Technical Assistance

I have completed this application to the best of my knowledge. I understand that if any information is found to be false, the applicant will be ineligible to receive services.

Signature

Title
Date

Scan and Email completed application to:
ECI@wakesmartstart.org

****Please be sure to attach a copy of the facility's license and subsidy verification.***

Preventing Obesity by Design (POD) is funded by Wake County Smart Start, an organization that works to ensure that children, birth to 5, are prepared for success in school and in life.