

2025 - 2026 Quality Initiatives Child Care Application
Please print clearly. Only complete applications will be considered for participation.

General Information:

Facility Name: _____

Mailing Address: _____

Physical location address (if different from mailing): _____

Facility Phone Number: _____

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. If your program is not currently running enhanced space and enhanced ratios, would it be possible for your program to reduce staff-child ratios and/or increase space per child in order to earn more points in the program standards section of the star-rated license? ___ Yes ___ No

3. 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)

4. If necessary, would administrative and teaching staff be willing to enroll in Early Childhood Education coursework in order to increase points in Education Standards? ___ Yes ___ No

License Information:

1. License level ☐ 1 Star ☐ 2 Stars ☐ 3 Stars ☐ 4 Stars 5 Stars

2. Director's NC Early Childhood Administrative Credential Level
☐ Currently Obtaining ☐ Level I ☐ Level II ☐ Level III

3. Date license issued _____ Licensing Consultant _____

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, please explain _____

5. How might you be able to maximize the strengths of the families enrolled in your program to improve children's outcomes?

7. Have you determined what QRIS pathway you will be taking? ___ Yes ___ No

If yes, please share which pathway _____

8. If No, the following are the three new QRIS pathways with links to DCDEE resources about each pathway

Overview of all QRIS pathways - [PowerPoint Presentation](#)

- Pathway 1 - Program Assessment (ERS-3)
 - [QRIS Pathway #1 – Program Assessment for child care centers](#)
 - [QRIS Pathway #1 – Program Assessment for Family child care homes \(FCCH\)](#)
- Pathway 2 – Classroom and Instructional Quality
 - [QRIS Pathway #2 – Classroom and instructional quality for child care centers](#)
 - [QRIS Pathway #2 – Classroom and instructional quality for Family Child Care Homes \(FCCH\)](#)
- Pathway 3 – Accreditations and Head Start
 - [QRIS Pathway #3 – accreditation and head start](#)

9. What do you need to help determine the best pathway for your

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

- ☐ WCSS – NC Prek
- WCSS – Wake ThreeSchool
- WCSS - Preventing Obesity By Design
- ☐ CCHC - Child Care Health Consultant Quality Improvement Program
- ☐ Early Years – NC Birth-to-Three Quality Initiative
- ☐ Early Years- Quality Improvement Initiative
- ☐ Early Years- Healthy Social Behaviors Initiative
- ☐ Early Years- Accreditation Technical Assistance
- ☐ Other: _____

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

Date

Title

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

***Please be sure to attach a copy of the facility's license and subsidy verification. Applications without this information will not be reviewed.**

Quality Initiatives 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.