

Date Submitted: _____



CHILD CARE CENTER – INTENT TO APPLY

All assessments and requirements must be completed before the application is submitted.
Submit this form to BetterBeginnings@AState.edu 12 months before the application is submitted
to request required assessments.

Program Information

Center Descriptive Information			
Center Name:	License Number:	County:	
Contact Name:	Corporation name or School District (if any):		
Physical Address:	City:	Zip code:	
Phone Number:	Email:		
Primary language spoken at center:	Number of children who do not speak primary language:		
Licensed Capacity:	Children enrolled part time:	Children enrolled full time:	
Type of License (pick the one that is specified on your license)			
Child Care Center	EIDT	Out of School Time	
Family Child Care Family Home	Registered Family Child Care Home		
Ages Served			
infant/toddler	preschool	school age	
Are you participating in the Youth Program Intervention Program (YPQI) for school age program ? If you would like YPQI assessments for you school age program , please complete section 1 and 2 on the next page.			
Operations			
Part day (2-4 hours)	School day (4-8 hours)	Full day (over 8 hours)	Before/after school
Hours of operation:	ABC Hours of operation (if ABC-funded):		
Participations			
ABC*	CACFP food program	CCDF vouchers	Early Head Start*
EIDT*	Head Start*	Private pay	School district*
Type of center			
For profit-private proprietary or partnership		College or University affiliated	
For profit-corporation or chain		Military sponsored	
For profit-corporate sponsored		Public school	
Private nonprofit-independent		Faith-based	
Private nonprofit-social service agency or hospital		Public nonprofit-sponsored by gov't agency	
Accreditation (Attach accreditation certificate or notification from agency)			
*Are you nationally accredited?	By what agency?	Renewal Date:	

*If your program is reciprocated, do not complete the section on PAS assessment.



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Application/Assessment Information

1. Better Beginnings				
Current level:	Level requested:	Initial Application	Recertifying	Leveling up
When is your BB renewal date?		I'm not sure.		
We have been given a 90-day waiver/extension that ends on				
2. Environment Rating Scale (ITERS, ECERS, SACERS)				
If you are participating in YPQI and would you like to have YPQI assessments for your school age program , complete this section.				
Classrooms (If you need more space, please complete an additional page)				
	Classroom Name or #	# of children enrolled	Age group: (Infant, Toddler, Preschool, School age)	Funding (ABC, CCDF, EHS, EIDT, HS. Private Pay, School District)
1				
2				
3				
4				
5				
6				
7				
8				
Earliest date you would be ready for ERS assessments:				
You will be contacted by an assessor when your 60-day window for ERS assessments is open.				
3. Program Administration Scale (PAS) assessment				
If you are participating in YPQI and would like to have YPQI assessments for your school age program , DO NOT complete this section.				
Earliest date you would be ready for a PAS assessment:				
You will be contacted by an assessor to schedule your PAS assessment.				

*If your program is reciprocated, do not complete the section on PAS assessment.