



# Star-Quality Rating System Project Application



Please complete the application and attach a copy of your most recent site visit report from Community Care Licensing. Return all documents to the address listed below.

Facility Name:					
Facility License Number:					
Address:					
City:				Zip Code:	
Phone Number:			Fax Number:		
Director:			Executive Director (if applicable):		
Email:			Email:		
Hours of Operation:			Ages of children served:		
For each of the age ranges listed in the grid below, indicate your number of classrooms, licensed capacity, enrollment, and number of staff:					
<b>Infants</b>		<b>Toddlers</b>		<b>Preschoolers</b>	
Age range:		Age range:		Age range:	
Licensed capacity:		Licensed capacity:		Licensed capacity:	
Enrollment:		Enrollment:		Enrollment:	
Number of staff:		Number of staff:		Number of staff:	
Number of Classrooms:		Number of Classrooms:		Number of Classrooms:	
Program Type: <input type="checkbox"/> Full-day <input type="checkbox"/> Part-day <input type="checkbox"/> Both		<input type="checkbox"/> Non-profit corporation <input type="checkbox"/> For-profit corporation <input type="checkbox"/> Public program		If publicly funded, specify type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	
Number years in operation:			Number members on Board of Directors:		
Among your currently enrolled children, how many are:					
Caucasian/White	African American/Black	Asian/Pacific Islander	Latino/Hispanic	American Indian/Alaskan Indian	Other
What percentage of your enrollment would you describe as:					
Very low-income (below \$40,000 for family of 4):		Low-income (\$40,000 to \$60,000 for family of 4):		High-income (\$100,000+ for family of 4):	
_____ %		_____ %		_____ %	
Do you accept parents who pay for childcare through CalWORKS or an alternative payment program (state-subsidized voucher):				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your program offer other types of tuition assistance? If yes, who/what provides the funding?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
What percentage of the total children enrolled receive tuition assistance of any kind: _____ %					
Does your program offer any other assistance or support services for low-income children/families? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe:					
After reviewing the Star-Quality Rating Criteria, what star level do you feel your center would be rated?					
<input type="checkbox"/> 1★		<input type="checkbox"/> 2★		<input type="checkbox"/> 3★	
<input type="checkbox"/> 4★		<input type="checkbox"/> 5★ (NAEYC Accredited)			
Has your center ever been accredited by the National Association for the Education of Young Children?					
<input type="checkbox"/> No		<input type="checkbox"/> Yes			
If yes, when does/did accreditation expire?					
How did you hear about the Star-Quality Rating System?					
Presentation or Informational Meeting <input type="checkbox"/>		Media <input type="checkbox"/> If yes, where _____			
Referral from another childcare center <input type="checkbox"/>		If yes, center name _____			
Success By 6® Website <input type="checkbox"/>		Other <input type="checkbox"/>			
Center Director Signature:				Date:	

**PLEASE RETURN TO:**

Katie Baker – Manager, Education  
 Orange County United Way  
 18012 Mitchell Avenue South, Irvine, CA 92614  
 Phone: 949-263-6107 Fax: 949-263-6181 Email: [katieb@unitedwayoc.org](mailto:katieb@unitedwayoc.org)