



Alabama Quality STARS

Quality Rating and Improvement System

FAMILY AND GROUP CHILD CARE HOME APPLICATION

| PROGRAM INFORMATION | | |
|---|---|-----------------|
| 1) <input type="checkbox"/> Applying for <u>INITIAL</u> STAR Rating: 1 2 3 4 5 <div style="text-align: right;">(circle only one level)</div> | 2) <input type="checkbox"/> Applying for <u>HIGHER</u> STAR Rating: 1 2 3 4 5 <div style="text-align: right;">(circle only one level)</div> | |
| 3) ___ CHANGE in Location ___ CHANGE in Home Licensee <input type="checkbox"/> Reapplying for Current STAR Rating: 1 2 3 4 5 <div style="text-align: right;">(circle only one level)</div> <input type="checkbox"/> Applying for HIGHER STAR Rating: 1 2 3 4 5 <div style="text-align: right;">(circle only one level)</div> | 4) ___ RENEWAL: STAR Rating valid through _____ <input type="checkbox"/> Reapplying for Current STAR Rating: 1 2 3 4 5 <div style="text-align: right;">(circle only one level)</div> <input type="checkbox"/> Applying for HIGHER STAR Rating: 1 2 3 4 5 <div style="text-align: right;">(circle only one level)</div> | |
| <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Group Child Care Home Licensee Name - Print | Is Home registered with the CMA (Child Care Management Agency) to participate in the Child Care Subsidy Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home Physical Address ⇨ | City ⇨ | Zip |
| Home Mailing Address ⇨ | City ⇨ | Zip |
| County Where Home is Located | Home Phone Number | Home Fax Number |
| Home Licensee Email | Home Email (if different from Home Licensee Email) | |
| Home Name - Print (if applicable) | Does Home Licensee and/or staff transport children (field trips, home, school, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROGRAM OPERATION | | |
| Period of Operation: <input type="checkbox"/> Open Year-Round <input type="checkbox"/> Open Part-Year: From _____ to _____ | | |
| Program Operates: <input type="checkbox"/> 20 hours or fewer per week <input type="checkbox"/> 21-39 hours per week <input type="checkbox"/> 40 hours or more per week | | |
| Hours of Operation: Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____ | Specify Closure Dates (MM/DD/YYYY) for six (6) months from date that Alabama Quality STARS Application Packet is submitted: _____ _____ _____ _____ _____ | |

PROGRAM DEMOGRAPHICS

License Dates (MM/DD/YYYY):

From _____ to _____

Age range of children licensed for: _____

Total Number of children licensed for: _____

Number of **Infants (Birth – 12 months)** in care: _____

Number of **Toddlers (1 and 2 year olds)** in care: _____

Number of **Preschoolers (3 and 4 year olds)** in care: _____

Number of **Schoolagers (5 – 18 year olds)** in care: _____

National Accreditation

(Attach copy of accreditation certificate)

NAFCC

OTHER _____

Date of Expiration: _____

Program operates/participates with (check all that apply):

HEAD START EARLY HEAD START MILITARY TRIBAL

CHILD CARE SUBSIDY PROGRAM CHILD NUTRITION PROGRAM

OTHER _____

AUTHORIZATION

Check the appropriate box below for your Child Care Home:

I hereby voluntarily apply for participation in Alabama Quality STARS.

I am required to participate in Alabama Quality STARS.

I hereby understand and agree to the following:

- The child care home (physical space, records, etc.) must be accessible for on-site visits with or without advance notice.
- The child care home's licensing history and status with other programs will be subject to review.
- All information outlined in Section 7.00 Application Packet of the Alabama Quality STARS Family and Group Child Care Home Guidelines must be submitted with this application.

All information in this application is true and correct to the best of my knowledge.

Home Licensee Name - Print

Home Licensee Signature

Date

| Child Care Home Staff Names (Print) | Job Title/Position | Work Hours | PDR Enrollment Verified |
|--|--------------------|------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Official Use Only: Licensing Compliance Verified: _____ Date: _____