

# NJ Center for Quality Ratings at WPU

## Readiness Cover Sheet

Date: \_\_\_\_\_

Please fill out the following information and submit with your completed Readiness Checklist to the NJ Center for Quality Ratings.

Center/School Name: \_\_\_\_\_

Center/School Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Quality Improvement Specialist's Name: \_\_\_\_\_

Parking Available? Y  N  If no, please check the days of alternate side parking (if applicable): M  T  W  Th  F

Location of Parking: \_\_\_\_\_

Instructional day start time: \_\_\_\_\_ Arrival time for children: \_\_\_\_\_

Number of identified children with special needs currently enrolled: \_\_\_\_\_

*Number of classrooms per age group:*

**Preschool Programs:** 3yr old: \_\_\_\_\_ 4yr old: \_\_\_\_\_ Mixed 3/4yr old: \_\_\_\_\_

**Infant/Toddler Programs:** Infant (under 18 months): \_\_\_\_\_ Toddler (18 months – 2 ½ years): \_\_\_\_\_

Licensing Certificate Number: \_\_\_\_\_

<b>NAEYC Accredited Programs – Date of NAEYC Accreditation:</b> _____	
Current NAEYC Accreditation Certificate saved on USB:	Y <input type="checkbox"/> N <input type="checkbox"/>
Copy of most recent NAEYC Accreditation Decision Report saved on USB:	Y <input type="checkbox"/> N <input type="checkbox"/>
Copy of NAEYC's Annual Reports for years 1-3 as applicable saved on USB:	Y <input type="checkbox"/> N <input type="checkbox"/>

<b>Head Start Programs – Most recent dates of the following reviews as applicable to your program:</b>	
HSKI-C Review: _____	Governance/Management Systems: _____
Fiscal Integrity/ERSEA: _____	Comprehensive Services and School Readiness Review: _____
Copy of most recent satisfactory federal review letter(s) saved on USB:	Y <input type="checkbox"/> N <input type="checkbox"/>

